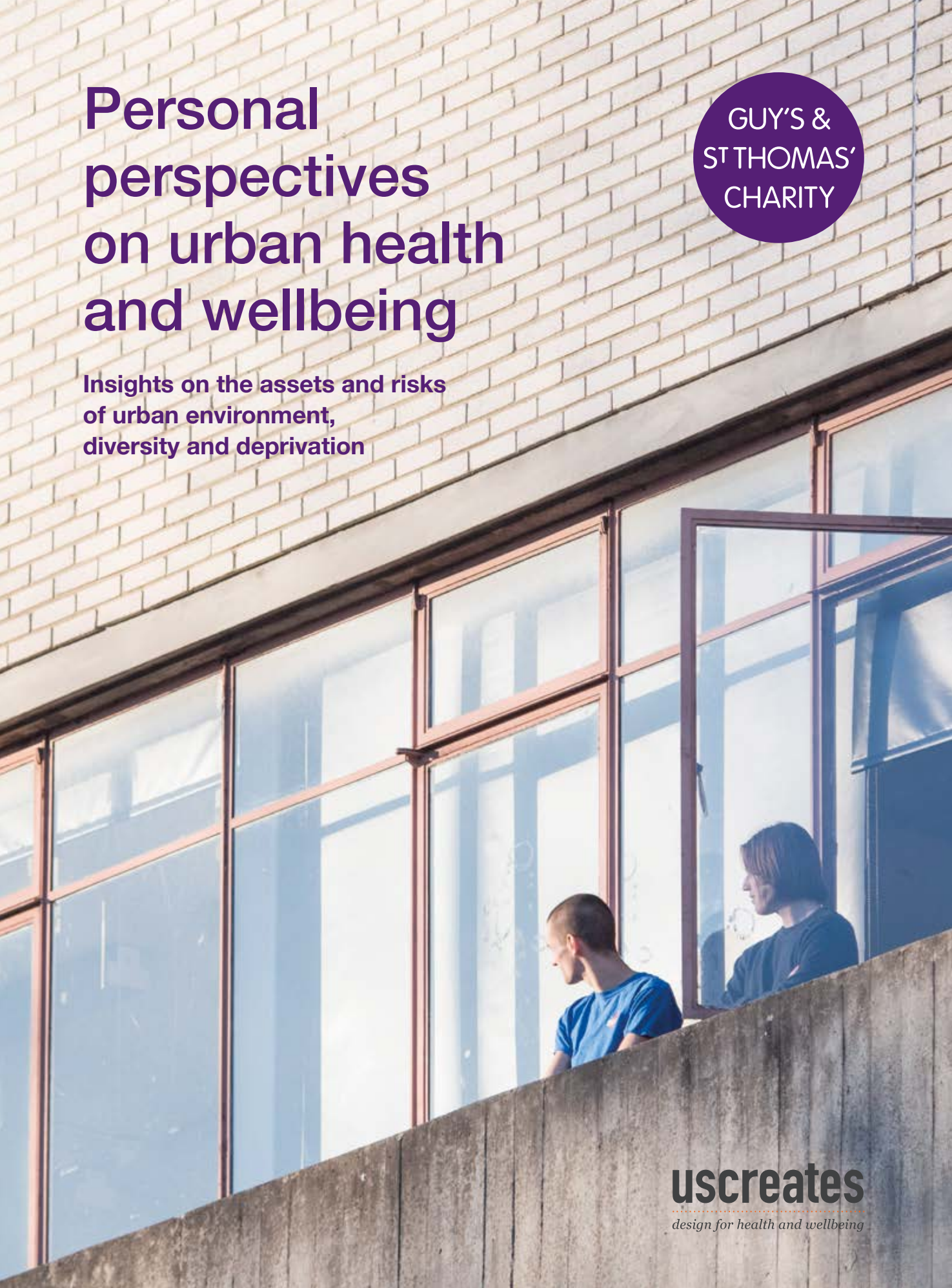
# Personal perspectives on urban health and wellbeing

## Insights on the assets and risks of urban environment, diversity and deprivation

GUY'S & ST THOMAS' CHARITY



uscreates

*design for health and wellbeing*

**Guy's and St Thomas' Charity is an independent, place-based foundation. We work in partnership with Guy's and St Thomas' NHS Foundation Trust and others to tackle the major health challenges affecting people in urban, diverse and deprived areas.**

**We're about:**

**Place.**
We work in the London boroughs of Lambeth and Southwark, supporting new approaches to health and care, and sharing insights with anyone facing similar challenges.

**Focus**.
Our programmatic approach focuses on a few complex health issues at a time. Currently we're aiming to reduce childhood obesity and improve health and care for people with multiple long-term conditions.

**Connecting**.
We bring great minds together, within and outside the NHS, to come at problems from different angles. And we collaborate, partnering with anyone – here in our community and in other cities – to find, develop and deliver the best possible approaches.

**Vision**.
Great ideas sometimes need the space and resource to fly and to reach their potential – so we take a long-term view with a very open mind.

**Impact**.
We're led by evidence and focussed on outcomes – always testing, evaluating, learning and adapting for greater results. By combining our resources with others, we create the kind of firepower that achieves meaningful change now and for future generations.

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# Foreword

For over 500 years, Guy's and St Thomas' Charity has worked to improve people's health. Our resources were left to us with the instruction to treat 'the incurable' health challenges of people living in the London boroughs of Lambeth and Southwark.

The nature of these challenges has changed over time. They are today as complex as they have ever been. They relate not only to people's physical and mental health, but also to what people perceive a healthy life to be; not only to the absence of illness, but also to the ability to thrive.

Lambeth and Southwark are vibrant places to live and to work. Their populations are amongst the most diverse in the world. They situate, side by side, some of the UK's wealthiest and poorest neighbourhoods. Their population density is twice the average in the capital.

Our boroughs are, in many respects, extreme examples of developed inner-cities. And it is in this light that our work to address the complex health challenges of Lambeth and Southwark can have relevance in other cities around the world.

We commissioned this research from Uscreates to inform our own thinking on the effect of urban, diverse and deprived environments on people's health. The insights build on much of what is already known: we need to pay attention to the wider determinants of health; diversity affects the way in which services are accessed; and there is often a reliance on informal networks to support health.

What was perhaps most surprising was the relative lack of work looking at the cumulative effect of urban living, deprivation and high levels of diversity on people's health. We hope, therefore, that this short piece of research can be the start of an open conversation with others – in the UK and beyond – who care about the same 'incurable' challenges, and can partner with us in addressing them.

Kieron Boyle
Chief Executive
Guy's and St Thomas' Charity

# Executive summary

Like much of London, the boroughs of Lambeth and Southwark are vibrant places to live and work. They're changing all the time. They are densely populated (twice the average in the capital) and have a high level of population churn. There is also a complex ethnic and social mix, including large black and LGBT communities and over 300 different languages spoken. Like many London boroughs, affluence and poverty exists side by side.

The health challenges facing the boroughs are complex and significant, and mirror many of the same challenges facing cities across the UK and around the world.

Guy's and St Thomas' Charity wanted to explore how the characteristics of urban environment, diverse population and high levels of deprivation influence these health outcomes. As these characteristics are not unique to these boroughs, insight could be drawn from other cities and learning shared with those facing similar challenges. Uscreates, a human-centred design and innovation agency, was commissioned to combine quantitative and qualitative data to create a rich picture of the lived experience of health.

Uscreates began by looking broadly at the variance between Lambeth and Southwark and a selection of urban, diverse and deprived statistical neighbours: Haringey, Nottingham and Leicester. This was followed by a literature review and a wide range of interviews with local health experts and social influencers to build up a picture of what was known about health and urban areas, health and diversity and health and deprivation. Finally, Uscreates interviewed a cross section of local residents to understand their perceptions, motivations and behaviour in relation to their health.

This research builds on a large body of work studying the impact of urban, diverse and deprived characteristics on people's health, and confirms much of what the health sector already understands to be the best way to create place-based health strategies.

What is different about it is that it:

- Looks explicitly at the cumulative impact of all three characteristics and how they interact with each other
- Identifies variance between urban, diverse and deprived areas and therefore opportunities for place-based activity
- Provides fresh insights into the lived experiences of people in Lambeth and Southwark, providing human context and behaviours around which interventions need to sit

This research suggests that the assets and risk factors of urban environment, diverse communities and deprived areas interact with each other in complex ways. The impact varies from individual to individual, in some cases amplifying or compounding each other, in others cancelling each other out.

- **Urban environments** can provide proximity to many health services and opportunities such as employment and social activities that help people keep healthy and well. However, the city also brings with it unhealthy lifestyle opportunities, safety concerns, noise and air pollution, and the busy and transient nature of it can also be stressful and isolating.

- **A diverse mix** of people in terms of age, ethnicity, sexuality and culture can foster strong communities, including social and faith groups, which can provide informal networks and support. However, it also means a complex mix of specific requirements from the health system which are not always met, positioned or communicated in a way which achieves take-up. This can be compounded by language barriers and different assumptions and practices around managing health.

- **Deprived areas** are often unhealthy settings, with poor quality housing and high air pollution. However, deprivation does not automatically equate to ill health. Among the people interviewed living in deprived areas, many demonstrated resilient behaviours and aspirations. For many though, high living costs mean they're focusing on trying to make ends meet rather than how to prioritise their health. They often don't have the time, headspace or money to actively manage it. Instability of housing was a strong theme and had a significant impact on people's ability to establish and maintain social support networks.

The research identified a set of themes which add valuable context and insight into the lived experience of health through an urban, diverse and deprived lens.

1. The ability to navigate the city has a strong payoff for health
2. High quality green space can improve people's health and build community
3. The fast pace, transient nature and density of the urban environment can negatively impact on physical and mental health
4. Diversity influences health seeking behaviours and how people access health services
5. Complex diversity within cities means many different cultural assumptions and attitudes to health exist in a relatively small geographical area
6. Language barriers limit people's understanding of what is available and dialogue about health with health professionals and employers
7. There is often a reliance on 'outside the system' networks to support health
8. Whilst social networks, individual resilience and mental wellbeing play a part in protecting health, living in a deprived area can still be detrimental to health
9. The city is expensive and pressure to survive can be a strain on people's health when managing on a small income
10. If you are struggling to make ends meet on a low income, there isn't the headspace or time available to consider exercise and diet



This work has started to uncover the interplay between the assets and risks of urban, diverse and deprived areas, and the resulting impact on people's health. It also highlights the different ways people demonstrate resilience that enables them to respond and adapt to them.

It reinforces the need for a sophisticated, multi-layered and in many ways, community led approaches to improve health outcomes. One that can connect health with non-health partners, formal and informal sectors, and help this combined effort reach into and out from communities.

But it also highlights how much more work is needed to fully understand how to maximise the opportunities for health in the modern city environment. Work Guy's and St Thomas' Charity is keen to progress with others.

# Introduction

The boroughs of Lambeth and Southwark are two urban, deprived and diverse areas in the heart of London. Together over 624,000 people live within their 55.7 km$^2$, which means their population density is more than twice the London average. Like other London boroughs, they suffer from high rates of noise and air pollution, and have high levels of crime and homelessness. They are two of the most diverse places in the UK; around 45% of residents come from non-white backgrounds and over 300 languages are spoken. They are 'young' boroughs, with a large proportion of under 18s and a low proportion of over 65s. They are also two of the most deprived, ranking 8th and 12th in London (and 22nd and 23rd in England). Within this, there is variance and change, with pockets of extreme poverty, wealth and rapid regeneration in between.

Guy's and St Thomas' Charity wanted to explore how these characteristics of urban environment, diverse population and high levels of deprivation were behind some of the health outcomes seen in Lambeth and Southwark. The Charity also recognised that, as these characteristics are not unique to these boroughs, insight could be drawn from other cities and learning shared with those facing similar challenges. Uscreates, a human-centred design and innovation agency, was commissioned to combine quantitative and qualitative data to create a rich picture of the lived experience of health.

1 Lambeth Council (2016), State of the Borough Report https://www.lambeth.gov.uk/sites/default/files/State%20of%20Borough%202016%20-%20v3.pdf
Southwark Council (2015), Demographic Factsheet, www.southwark.gov.uk/jsna
Southwark Council, Statistics and census, www.2.southwark.gov.uk/info/200088/statistics_and_census



Uscreates conducted the research in two phases: research for breadth, and research for depth.

## Research for breadth

- A broad look at the variance between Lambeth and Southwark and at urban, diverse and deprived statistical neighbours: Haringey, Nottingham and Leicester. Looking at data variance across statistical neighbours highlights where specific place plays a role in health outcomes (and where a place-based charity could have most impact), and where the underlying 'structural factors' of urban, diverse and deprived neighbourhoods play a more fundamental role.
- A review of the literature around how urban, diverse and deprived characteristics impact on people's health, and interviews with eight experts for their views.

## Research for depth

The health challenges affecting urban environments are increasingly complex. Exploring the lived experience in urban, diverse and deprived areas can give us clues to managing this complexity. It allows us to understand people's behaviours and motivations for managing their health and provides a useful stepping off point for future interventions.

This report sets out several observations on health through this cumulative lens. It considers:

- What the data tells us about health in Lambeth and Southwark and the variance with other urban, diverse and deprived areas
- The universal characteristic – urban environment – and how it impacts on health, as all participants are living in the city
- The combined impact of urban and diverse environments and urban and deprived neighbourhoods
- The combined impact of urban, diverse and deprived and what it means for individuals and services (both formal and informal)

This work is based on a small sample size. However, it identifies some consistent themes across a wide and varied cross section of experiences.

We hope this is the beginning of a broad conversation with anyone interested in finding solutions to meet this challenge and extend an invitation for others to add their views, expertise and experience to evolve this body of evidence.



# Methodology

## Research for breadth

### a) Quantitative data

The relevant urban, deprived and diverse indicators from the CIPHR datasets were used to identify a selection of Lambeth and Southwark's statistical neighbours. Haringey was chosen as the London comparator and Nottingham and Leicester outside of London. Indicators were then compared around six major health conditions and the Marmot inequality indicators.

The data was then analysed to identify any emerging trends or differences between localities, focusing on the interplay between the wider determinants of health and health outcomes.

| | |
|---|---|
| Methodology | A review of existing quantitative data sets<br>Comparison with statistical neighbours – Haringey, Nottingham and Leicester |
| Priority health conditions | Multiple long-term conditions, childhood obesity, serious mental illness, sexual health, lifestyle illness, cardiovascular conditions |
| Dates | Last 5 years |
| Sources | Open data sources:<br>CIPHR – statistical neighbours<br>NHS Digital<br>PHE Fingertips<br>ONS<br>Marmot indicators<br>Slope Index |

### b) Quantitative data

A literature review of 45 reports was conducted exploring the impact of two or more of the urban, deprived or diverse characteristics on health. Part of the analysis was to identify which social indicators seem to be most strongly related to urban, deprived and diverse settings (i.e. related to two or more characteristics) and search the literature for studies relating to the impact they have on health.

Eight 30-60 minute interviews were conducted with stakeholders within the health system primarily based in Lambeth and Southwark.

| | |
|---|---|
| Methodology | A review of the literature<br>8 x interviews with key stakeholders |
| Dates | Last 5 years |
| Language | English |
| Inclusion criteria | Qualitative and quantitative studies<br>Evidence reviews<br>Statistical neighbours project evaluations and qualitative research<br>National policy, recommendations and guidance |
| Sources used | Google Scholar (as main search function), Articles sourced from for example: BMJ, Medline, NICE, Cochrane, Kings fund, PHE, Department of Health, EMBASE, Proquest, PUBMed, PsycInfo, NHS Evidence |
| Stakeholders interviewed | Senior director at South London and Maudsley NHS Foundation Trust<br>A former senior executive from the Joseph Rowntree Foundation<br>Senior director at Southwark CCG<br>Senior executive at Healthwatch Lambeth<br>GP<br>GP respiratory lead<br>Senior executive at Guy's and St Thomas' NHS Foundation Trust<br>Public health academic |

## Research for depth

Ten ethnographies – half day immersive interviews – were carried out with residents living in Lambeth and Southwark. These interviews took place in homes, cafés and the local surrounding area in which they live.

The purpose of interviewing the residents within Southwark and Lambeth was to understand how living in diverse, deprived and urban areas affects health. The key objective of the interviews was to understand how diversity, deprivation and urban environment interact to impact on health.

The majority of the ethnographies took place within an urban and deprived setting with a range of diversities e.g. age, ethnicity and sexuality in order to represent broadly the population mix and have some controls to surface themes and patterns between the participants.

- British unemployed male | 35 – 45
- International student | 18 – 25
- Carer | 55-65
- LGBT male | 20-30
- Immigrant mother | 25 – 35
- Working mother | 35 – 50



- Retired male | 55 – 75
- Portuguese community member | 50 – 65
- Working father | 35 – 50
- Younger female | 20-30

We also interviewed eight people working within Lambeth and Southwark including service providers and other relevant community and health influencers (e.g. carers, employers, shopkeepers) in their own environments, to explore the influence of social connections on health issues (e.g. peer-pressure, upbringing, frontline staff intervention). These included:

- Teacher
- Youth worker
- Voluntary sector provider
- Community connector
- Health service providers
- Community service providers
- Settlements

# Chapter 1

# Data: insights on the importance of place

In this first section, we look at what the data tells us about the health situation (health outcomes and social determinants) in Lambeth in Southwark, and how they compare to similar urban, diverse and deprived neighbours.

Health outcomes are broadly similar across Lambeth and Southwark and their urban, diverse and deprived neighbours (Haringey, Leicester and Nottingham). This is expected and shows the correlation between health outcomes and social determinants of health.

In both Lambeth and Southwark, there are high rates of childhood obesity and HIV prevalence. There are also high levels of air pollution and homelessness.

However, in some cases, Lambeth and Southwark are doing better than their urban, diverse and deprived neighbours or there is a disparity between Lambeth and Southwark. These suggest some good practice health and/or place-based programmes may be counteracting some of the negative impacts of living in an urban, diverse and deprived area. These areas of disparity are where there is potential to facilitate improvements in health outcomes.

Lambeth and Southwark are both doing better than their urban, diverse and deprived neighbours in excess weight in adults, utilisation of green space and levels of under 75 mortality from a cardiovascular disease.

Disparities between the two boroughs are around:

- Life expectancy at birth (female) is higher in Southwark, with a higher gap at birth between the most and least deprived.
- Lower smoking prevalence in Southwark, whereas Lambeth is higher than London and England comparators. This could be due to differences in age profile and ethnic group.
- Higher teenage conceptions in Lambeth.
- Lower hospital admissions for alcohol related harm in Southwark.

The data points to a disparity in both boroughs on:

- Childhood obesity – as expected this is high across Lambeth, Southwark and their statistical neighbours. This is despite school indicators being good in Southwark which the evidence suggests should protect against childhood obesity. However, adult weight and physical activity indicators are better or similar to London and England. Utilisation of green space is higher in Lambeth, Southwark (and Haringey) than non-London statistical neighbours.

- Diabetes – the data shows a gap between the predicted number of patients with diabetes and those registered as having this condition. This may also be true for other long-term conditions (LTCs). NHS Lambeth CCG report variability in the detection and management of LTCs. This could point to a perceived or real issue with the accessibility of primary care services.
- Serious Mental Illness – local depression registrations are low but SMI registrations are high. Hospital admissions for mental health conditions are also higher in Lambeth and Southwark. This could indicate late diagnosis of mental illness. There is also a gap in employment rates for people with poor mental health.

Looking at data variance between Lambeth and Southwark and their urban, deprived and diverse neighbours allows us to suggest where 'place' plays a more important role in health outcomes than underlying structural factors seen across urban, diverse and deprived settings, and therefore where a place-based approach could have most impact. The disparities between related outcomes and determinants within both boroughs point to interesting health dynamics which merit further investigation and potential opportunities to act.

| | **Health outcome** |
|---|---|
| Variance between Lambeth and Southwark and their urban, diverse and deprived neighbours | Under 75 mortality from cardiovascular disease (lower in Lambeth and Southwark)<br>Excess weight in adults (lower in Lambeth and Southwark)<br>HIV prevalence (higher in Lambeth and Southwark) |
| Variance between Lambeth and Southwark | Smoking prevalence (lower in Southwark)<br>Teenage conceptions (lower in Southwark)<br>New sexually transmitted diseases (lower in Southwark)<br>Hospital stays for alcohol related harm (lower in Southwark)<br>Proportion of physically active adults (higher in Lambeth) |
| | **Social determinant of health** |
| Variance between Lambeth and Southwark and their urban, diverse and deprived neighbours | Utilisation of green space (higher in Lambeth and Southwark) |
| Variance between Lambeth and Southwark | First time entrants into Youth Justice System (lower in Lambeth)<br>Educational outcomes (higher in Southwark)<br>Proportion of carers feeling socially isolated (higher in Southwark) |

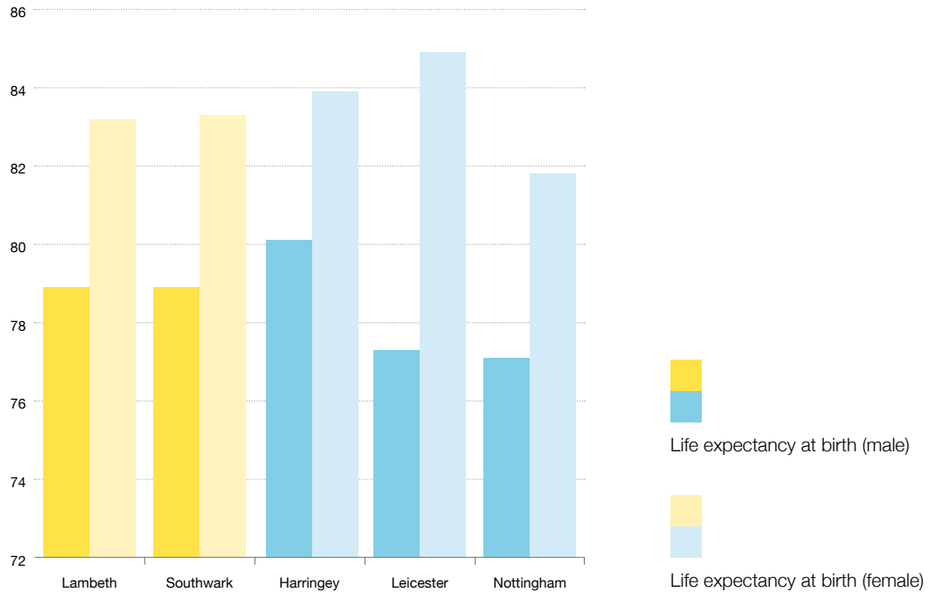


So far, we have looked at quantitative evidence. It has allowed us to look out broadly across the boroughs and their neighbours to see what is happening at an aggregate level. It has revealed some interesting disparities which merit further investigation.

The next section looks in depth, using ethnographic methods to understand people's everyday and lived experiences. This not only helps explain some of the data, but also creates a far richer picture of how people think about their health, and the motivations and behaviours that might impact on how they manage it, which are rarely captured by quantitative data alone.

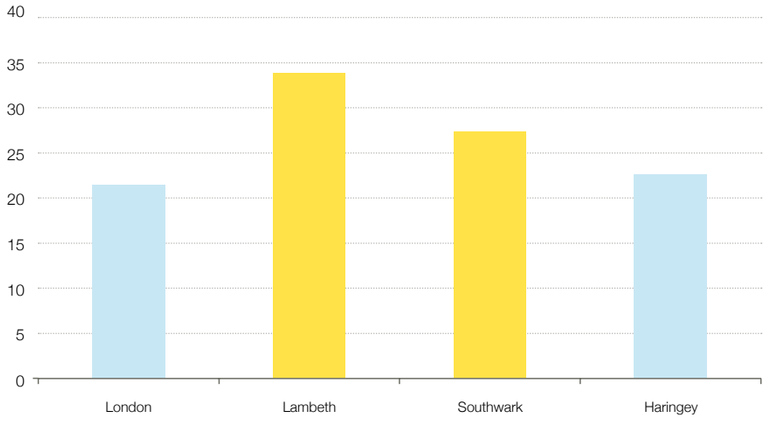
We start by setting the universal context of this research – urban environment – and its impact on health, as all participants live in the urban areas of Lambeth and Southwark. We then layer on another characteristic, looking at the combination of urban and diverse first, and then urban and deprivation. Finally we look at the cumulative impact of all three.

## Life expectancy




Source: Public Health Outcomes Framework 2017
(sourced at www.fingertips.phe.org.uk accessed March 2017)

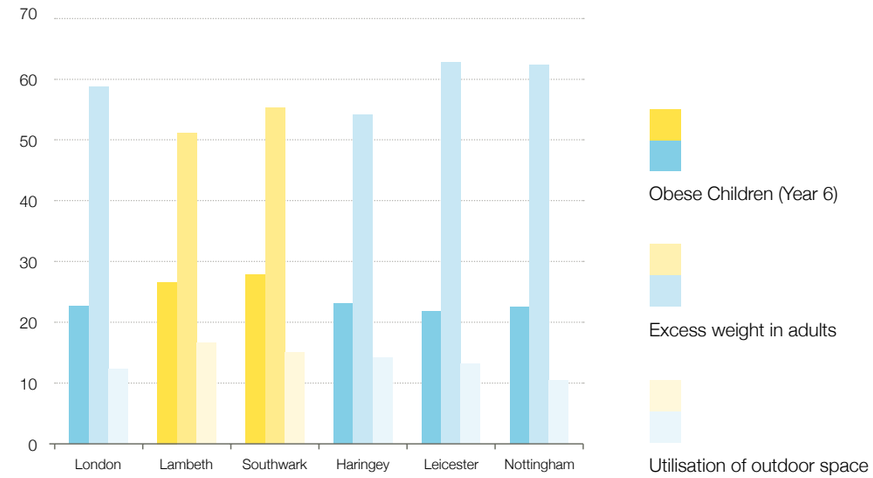
## Under 18 Conceptions




Source: Public Health Outcomes Framework 2017
(sourced at www.fingertips.phe.org.uk accessed March 2017)

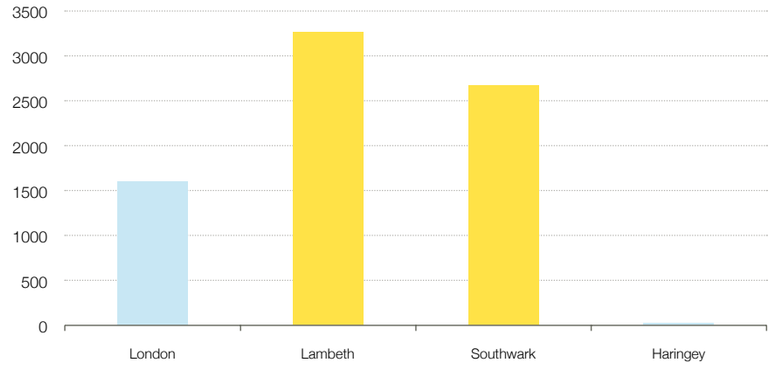


## Comparator for number of obese children at year 6 / Excess weight in adult adults / Utilisation of outdoor space for exercise or health reasons




Source: Public Health Outcomes Framework 2017
(sourced at www.fingertips.phe.org.uk accessed March 2017)

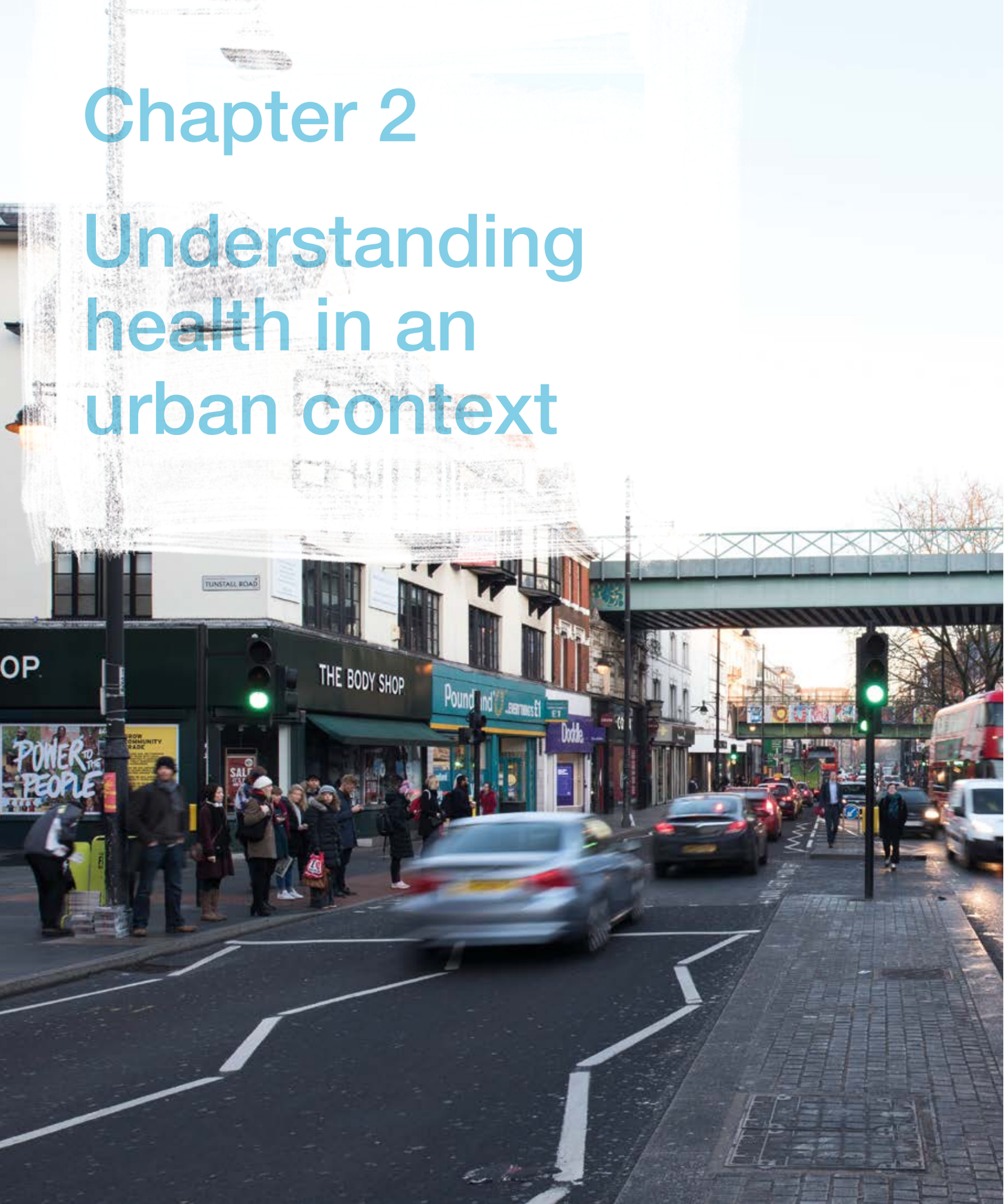
## New sexually transmitted infections (per 100,000)




Source: Public Health Outcomes Framework 2017
(sourced at www.fingertips.phe.org.uk accessed March 2017)

# Chapter 2

# Understanding health in an urban context




There is a wealth of published evidence that documents the impact an urban environment has on health. The range of characteristics that can potentially impact on health positively or negatively include:

- **Limited green spaces** which can impact negatively on people's mental health and wellbeing as well as their physical health. Conversely exposure to green space can boost social capital and interaction. Use of green space is often linked to deprivation, with poor populations less likely to report outdoor recreation activities and being least well served by affordable facilities and high quality green spaces.[2]

- **Air and traffic pollution** has a negative impact on people's health and is associated with urban living. Studies have found links to diversity and deprivation, with the 20 per cent most deprived neighbourhoods experiencing higher air pollution levels than the least deprived neighbourhoods, and the worst air pollution levels seen in ethnically diverse neighbourhoods.[3]

- **Crime** is higher in urban areas which is clearly correlated with physical and mental harm for those directly involved and mental harm for those living in a high crime area. Exposure to violence can increase the likelihood that young people will perpetrate violence themselves. Crime is also associated with high prevalence of substance misuse.[4]

- **Transitional communities.** Urban areas have a constantly evolving population due to the high proportion of young transient people residing in the boroughs. Migration patterns within cities mean that the health needs of any particular urban area are in constant flux making it difficult for public sector services to respond to need and the identification of high-risk groups an ongoing, iterative process.[5]

- **Isolation.** There is some evidence that people, especially older people, experience greater isolation and loneliness in urban areas compared to a rural setting. This could point to stronger networks

2 Lee, A.C.K., Maheswaran, R., 2011. The health benefits of urban green spaces: a review of the evidence. J Public Health
3 Fecht, D et al 2015. Associations between air pollution and socioeconomic characteristics, ethnicity and age profile of neighbourhoods in England and the Netherlands.
4 Braveman, P., Gottlieb, L., 2014. The Social Determinants of Health: It's Time to Consider the Causes of the Causes
5 Hatch, S.L et al 2011. Identifying socio-demographic and socioeconomic determinants of health inequalities in a diverse London community: the South East London Community

within rural communities compared to the changing populations and transience of a city. Age UK found that older people are more likely to be lonely if they live in a deprived, urban area or an area in which crime is an issue.[6]

- **Built environment.** There is a wealth of research demonstrating that the built environment can facilitate or constrain physical activity with wider availability of green space impacting positively on exercise use. Studies in various groups such as students, inner city girls and workers also reported associations between access to green space and a variety of psychological, emotional and mental health benefits.

- **Availability of unhealthy food.** The lack of availability of affordable nutritious food supplies, especially in more deprived parts of a city, coupled with the high prevalence and low cost of more unhealthy eating choices make food with poor nutritional value more accessible and attractive.

- **Housing.** Urban areas can often mean poor quality, expensive and overcrowded housing. This has a clear overlap with deprivation as is discussed below.


6 Age UK Loneliness and Isolation Evidence Review



## Supporting literature

'Long-term projections of global health outcomes now explicitly include factors such as unsafe water, poor sanitation, urban air pollution, and indoor air pollution.'

– Shaping cities for health: complexity and the planning of urban environments in the 21st century (Rydin,Y et al, 2012)

'Although, in general, higher proportion of greenspace in an area is associated with better health, the association depends on the degree of urbanity and level of income deprivation in an area. One interpretation of these analyses is that quality as well as quantity of greenspace may be significant in determining health benefits.'

– The health benefits of urban green spaces: a review of the evidence (Lee, A.C.K. 2012)

'It's possible that immigrants settled in particular areas may tolerate poorer air quality for the benefits of living close to friends and family, even when their communities become less deprived.'

– Associations between air pollution and socioeconomic characteristics, ethnicity and age profile of neighbourhoods in England and the Netherland (Fecht, D et al 2015)

'Rates of respiratory disease, tuberculosis, meningitis and gastric conditions are higher in overcrowded households. Further, overcrowding can negatively impact children's education, family relationships, and physical, mental and emotional wellbeing.'

– The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London (Bloomer, Ellen, et al 2012)

'The rise of Cardiovascular disease (CVD) in [lower middle income countries] LMICs has therefore been linked to progressive urbanization and the coinciding globalization of unhealthy lifestyles, which are facilitated by urban life – tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.'

– Urbanization and cardiovascular disease, Raising heart-healthy children in today's cities (Smith, S, 2012)

# Urban environment and health: spotlight on Southwark and Lambeth

> ‘We are seeing the effect of migration of health. Once people move to an inner-city area, even if they were eating healthily before, they pick up all the unhealthy habits such as eating from chicken shops and less physical exercise.’
>
> **Professor of Public Health**

The urban context is a universal characteristic in this research as everyone living in Lambeth and Southwark is living in an urban environment. It makes sense to start here, looking at the relationship between the urban environment and health.

Urban settings involve large numbers of transient people (moving into and within the city), from different backgrounds and cultures.

- Large numbers of people create competition for resources (for example health services and housing). Due to this competition, services can become stretched, and housing can be overcrowded and in poor condition.
- Urban areas are transient places with people moving in and out. Some social networks diminish, others grow. Therefore, these different needs are ever changing and services need to adapt to respond.
- There is a proximity to services, transport and employment opportunities which can be good, but also marketing for unhealthy food which is bad.
- Urban areas can feel very socially connected or very socially isolated and with opportunities for connecting through numerous social activities provided by workplaces or social clubs, if people know how and where to access.

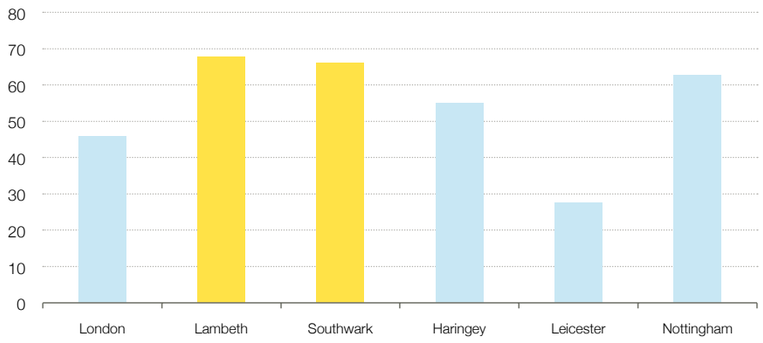
> ‘Young transient populations don’t put health on the top of their agenda. They moved to get a job, engaged in the fast-paced life – they are not thinking about the long term.’
>
> **Health professional**



# Comparing Southwark and Lambeth to other urban areas

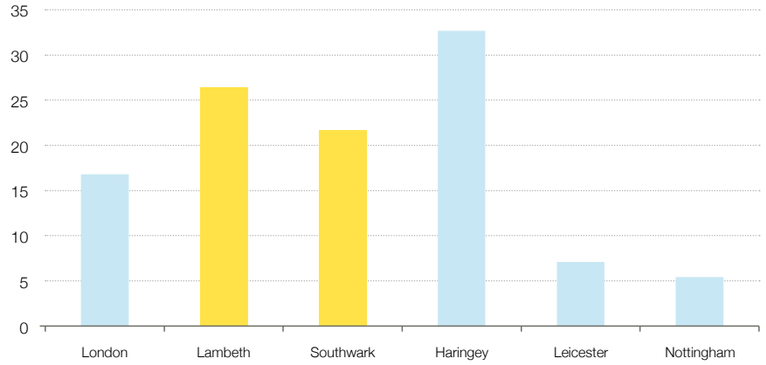
When comparing Lambeth and Southwark to areas with similar demographic characteristics, there are many similarities but also some positive and negative differences:

## Violent crime (including sexual violence) – hospital admissions for violence



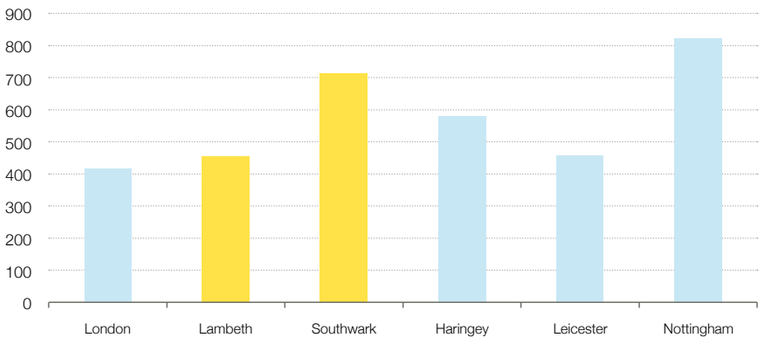

Source: PHE Fingertips (2012/13, 2014/15)

## The rate of complaints about noise



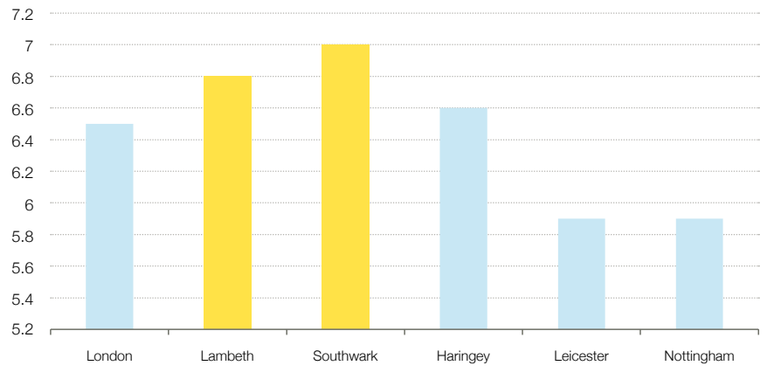

Source: PHE Fingertips (2014/15)

## First time entrants to the youth justice system/rate 100,000




Source: PHE Fingertips (2014) (PHOF Indicator 1.04)

## Fraction of all cause mortality related to air pollution




Source: PHE Fingertips (2014)

### Crime

Hospital admissions for violence are far higher than London and Leicester (similar to Haringey and Nottingham). First time entrants into the Youth Justice System is lower than Nottingham, but higher than London and Leicester.

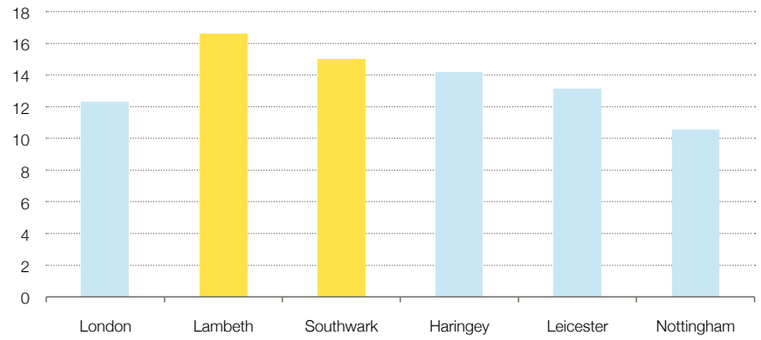
### Noise, air and green spaces

Rate of noise complaints is higher than London as a whole, and higher still than smaller cities of Leicester and Nottingham.

Percentage of mortality causes by air pollution is similar across London but higher than urban, diverse and deprived neighbours.

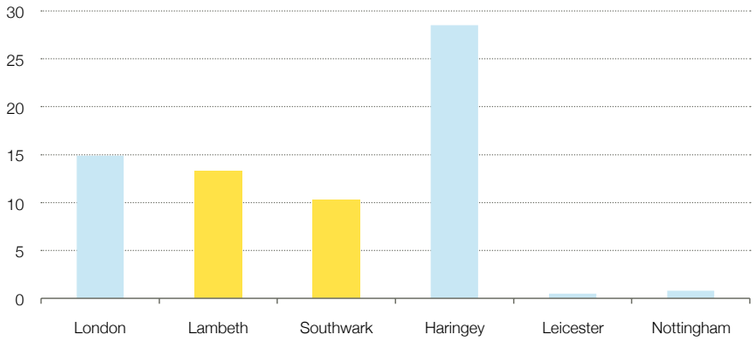
Utilisation of green space for health/exercise is higher than London, Leicester and Nottingham.

## Utilisation of outdoor space for exercise/health reasons




Source: PHE Fingertips (Mar 2014/Feb 2015)

## Statutory homelessness – households in temporary accomodation




Source: PHE Fingertips (2015/16)

## Housing

Homelessness figures are similar to London average (and far higher than non-London urban, diverse and deprived neighbours), but lower than Haringey.



# The lived experience of health in Lambeth and Southwark as an urban setting

‘People are not centred around their geographical location; people have different centres of gravity and it’s not always where they live.’
**Richard, 49**

The people we interviewed during the research did not necessarily identify with being from the borough of Lambeth or Southwark. Often it was neighbourhood specific such as being ‘born and bred in Brixton’. For some, who had moved into Lambeth and Southwark from other parts of London, they still identified more strongly being from there. Others connected more in with their local choir or church community rather a geographical location, and some equate identity to nationality rather than area.

‘If you asked the kids – tell me what being from Bermondsey mean to you, they wouldn’t have a sense of that. They have more of a strong sense that they are from Ghana.’
**Teacher, Southwark**



Insight

# The ability to navigate the city has a strong payoff for health

‘The opportunities to improve your health in London are great and endless, the thing is getting the information out there – it’s knowing where to go and how to get it.’
**Voluntary sector provider**

Living in an urban environment means there is the opportunity to access a large number of health services, as well as job opportunities and social activities. From the people interviewed, some are thriving as they make use of all that an urban setting has to offer. Some of them had the confidence and mental wellbeing to engage in, and partake of the wealth of social activities London has to offer.

**Over 85% of Lambeth residents are satisfied with their neighbourhood as a place to live**

## Knowing where to go and who to ask

‘You need to know the process. Where to call to get attention. People can’t do that and they get lost in the system.’

**Kim, 62**

Kim is a carer for her husband who, due to a leg injury, it not able to walk far. She also has a leg and hip injury herself.

She knows how to navigate her way around the health system, and is very resourceful when it comes to finding and getting the best support for herself and her family. She’s able to ‘work the system’ to get what she needs for her husband’s care.

‘Because I worked in Guy’s and St Thomas’ as a nurse, I will always find a way around an issue.’

As well as obtaining specialist care for her husband, she has managed to secure rent-free accommodation for herself and her husband in a supportive community, and she and her husband make use of London’s social activities despite her minimal income.

**Read Kim’s full story on page 100**



## Opportunities to manage health outside of formal health systems

‘If I lived anywhere other than London, I would be much less independent.’

**Isobel, 28**

Isobel has lived in Oval for six years in a shared house with friends. She has postural orthostatic tachycardia syndrome (POTS), a condition characterised by an increase in heart rate on standing and fatigue.

Through having her condition, Isobel has learnt that she only has a certain amount of energy. She believes the urban environment has given her a much-improved quality of life.

‘I wouldn’t have such good transport links if I wasn’t in London.’

Transport is her lifeline and a key reason she likes living in her area, as she can get on a bus when she is exhausted.

Isobel has often been discriminated against by employers because of her condition, but living in an urban environment means that there are lots of part-time, small or cash-in-hand job opportunities to help her maintain her financial independence.

**Read Isobel’s full story on page 74**

Insight

# High quality green space can improve people's health and build community

> 'Burgess Park is one of the best examples I have seen of community cohesion – they have a BMX track, an adventure playground... Everyone is there. This is a reminder of what is brilliant in London. Lots of families go there, and if the parents are not taking them, teenagers are going by themselves.'
>
> **Teacher, Southwark**

Although the green spaces of Lambeth and Southwark can be of varying quality and size depending where you live, a good number of the residents spoke of how they provided respite amidst the busy city. Others also highlighted green spaces as opportunities to meet and connect with a diverse mix of people.

**Use of green space for health and exercise is higher in Lambeth and Southwark than London, Leicester and Nottingham.**



## Finding solace in green spaces

'If you come from a background with loads of people, crime, and no open space, you find open, clean, and well looked after spaces really relaxing.'

### Teresa, 45

Teresa has recently moved with her two kids to a flat in Kennington but doesn't like it there or feel like it's home. They moved there after their home in Brixton got demolished.

For Teresa, the quiet, green spaces of the city offer some respite from, what is for her, often a stressful and overwhelming environment.

Teresa had a mental illness in the past. Maintaining her mental health continues to be a struggle and can be impacted by her situation or environment. She loves that in London there is access to open, quiet spaces that are free to roam around. She often takes the children to the park to 'tire them out', especially the eldest, who has ADHD.

**Read Teresa's full story on page 48**

Other residents described going to the local parks to feel peaceful and escape from the stress of the city. One local resident often has his lunch at a local bus stop which has been turned into a garden, because it makes him feel happy and calm, especially when he experiences escalation of his pre-existing mental health problems.

‘Our Burgess Park group is the busiest of the Nordic walking groups. We get a big and diverse mix of people coming here.’

**Eddie, 73**

Eddie moved to London from Manchester in 1989 and now lives in Elephant and Castle. He is an extremely active person despite having two long term conditions.

Eddie uses the parks and local sports club to stay healthy but also to build community links and social connections. Health is the cornerstone of his weekly routine, community and life in London – from Nordic walking to swimming and even cheerleading classes.

He likes living in London and thinks moving here helped him quit drinking and get into running.

‘Moving to London is the best thing I ever did.’

**Read Eddie’s full story on page 46**



Insight

# The fast pace, transient nature and density of the urban environment can negatively impact on physical and mental health

‘I see a lot of people with depression and psychological stress, and a lot of people out of work on long-term sick leave. They are not coping with the urban lifestyle. They have no support network, no job, no family around them. We help not only with health but with forms, housing questions – they are constantly coming back and asking for help.’

**Health professional**

The ‘busyness’ and fast-paced nature of a city can leave little room for reflection and relaxation and can be quite stressful at times. This can impact negatively on health, especially if people do not have the support networks, resources or resilience to cope with it.

## Coping with the ‘busyness’ of a city

Interestingly but unsurprisingly due to the poor public awareness of the impacts of air pollution, when speaking to residents most of them did not feel that pollution was a major issue impacting on their health. Air pollution is often deemed the invisible killer and people felt that it was part of the payoff of living in a city.

**Local rate of noise complaints is higher than London, and higher still than smaller cities of Leicester and Nottingham**

‘I don’t worry about what I’m breathing. It’s part of living in a built-up area.’

**Richard, 49**

Richard moved to London from Scotland in 1989 for a job. He moved to his house in 1998 and loves living in Elephant and Castle (especially the transport). He lives in his house with his wife and 13-year-old daughter.

Richard doesn’t really notice the pollution in his area but assumes it is there. He is often more aware of exhaust fumes back in his hometown in rural Scotland than here, because of the bad cars and tractors there.

For Richard, noise is much more of an issue than pollution. His wife has a hard time with neighbours’ noise, and feels young people moving in are not as sensitive to the proximity of the houses.

‘It causes me anxiety because I am worried about her.’

**Read Richard’s full story on page 50**



## Coping with the noise of the city

‘When I go to work I walk the back way. I don’t mind if it takes two minutes longer. I start to smoke more when I’m stressed, so I try to avoid confrontation and busy areas.’

**Teresa, 45**

Teresa also worries about noise at home and outside. She feels the kids are unable to make noise in the flat, as they have been given an anti-social behaviour order for her eldest. Luckily, the open spaces nearby allow them to run around, use their bikes, and be as noisy as they like.

Noise and ‘busyness’ are stress triggers for Teresa and because of that she tries to avoid bustling high streets. Some days it was very hard for her to be in Brixton as the loud atmosphere could be overwhelming.

## Easy access to unhealthy lifestyles

The prevalence of illegal drug use is significantly higher in urban compared to rural areas.[7] Residents reported that the higher density of a city means people are often able to buy drugs where they live and from a young age.

> ‘I bought weed off a guy on my estate and started smoking when I was 10 years old. On my council estate, there was a 50/50 chance a kid would grow up bad.’
>
> **Trevor, 42**

Trevor grew up on an estate on Brixton Hill. Since he was a teenager, he has been in and out of prison on charges of burglary, grievously bodily harm, and shoplifting until age 41. He is a recovering crack and heroin addict, and has been sober for two months. He is currently living with his dad in Clapham and is waiting to be housed.

Growing up, Trevor mainly socialised with children in his estate. His social circle experimented with drugs and actively committed burglary. Trevor feels that easy access to them on the estate was part of the reason he became addicted to drugs later in life.

**Read Trevor’s full story on page 104**

7 (Home Office, 2015) Drug misuse Stat 2015.



## Proximity to cheap and familiar unhealthy eating choices

> ‘I would eat in the greasy spoon café across from work every day. When I left jobs, I found another one nearby.’
>
> **Richard, 49**

For many years opposite Richard’s work there was a ‘greasy spoon’ café. Every day he would have bacon, chips, coffee and a chocolate bar. Later when he moved to a new job, temptation followed him and he found another ‘greasy spoon’ near work. However, after becoming worried about the amount of fat he was eating he removed the chocolate bar from the meal and has tried to cut it down to once or twice a week.

> ‘We are doing work in Ghana around urban health and we are seeing the same behaviours. The urban environment means convenience, prevalence of fast food. People moving from an agricultural setting to the city. They are here to work long hours, buy a house – they need to eat quickly and conveniently.’
>
> **Health professional**

## Transient nature of a city can be isolating

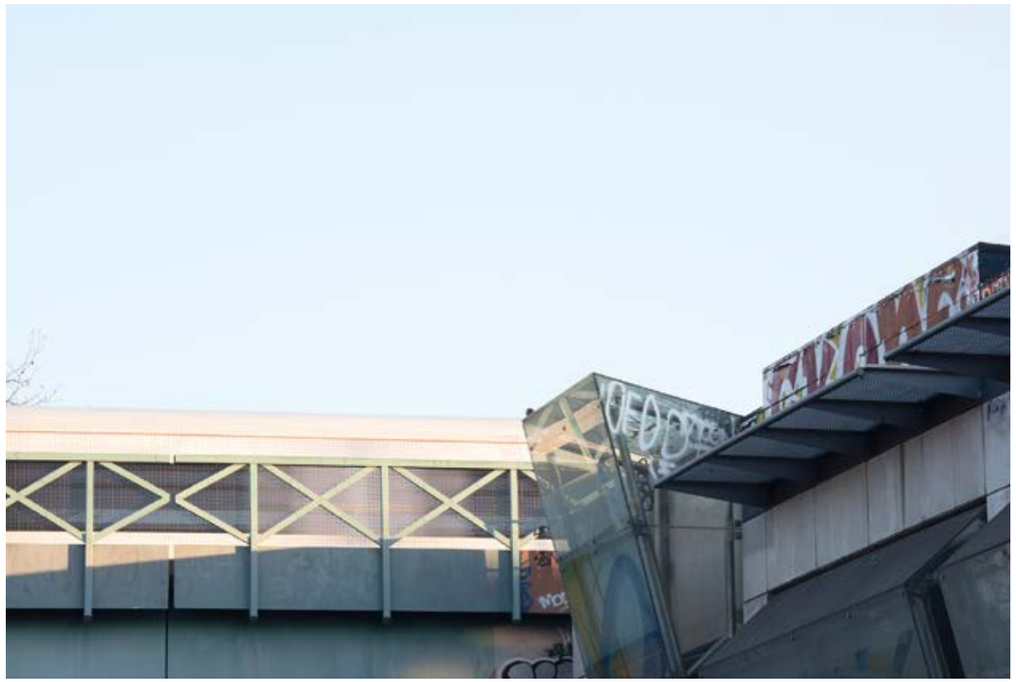
‘London is a hard place to have a community.’

**Richard, 49**

Living in an urban area can often mean there is a constant ebb and flow of new arrivals and departures. This transience can make it harder to invest in building local connections and communities with the potential to make people feel isolated with no support networks.

> ‘Isolation and loneliness impacts on wellbeing. For example, if people who are active in the past and then get seriously ill, it is much harder to interact with and seek out people.’
>
> **Community connector**

The majority of Richard’s community within London has come from going to his Church in St Paul’s. The people who attend the church are often from mixed backgrounds and ages, which he likes. However, the transience of his local environment makes it hard to invest in friendships sometimes.






‘I am always travelling as none of my friends live locally. I wish they lived in my area – sometimes it would be nice to call someone up and just go for a coffee. It can get lonely.’

**Crisanto, 26**

Crisanto’s parents moved to the UK from the Philippines when he was two and brought him over when he was 16. He is a full-time student studying hairdressing at Lambeth College. He has lived in Stockwell with his partner Thomas for over six years.

Crisanto speaks to his best friend and sister on the phone every day but it is harder to see people regularly because he always has to travel. He wants to get more involved in the local area and volunteer as a way to meet people and get to know his area better.

**Read Crisanto’s full story on page 76**

# Implications for health and wellbeing

The analysis of data, literature and conversations points to a series of distinct implications for health and wellbeing in urban areas.

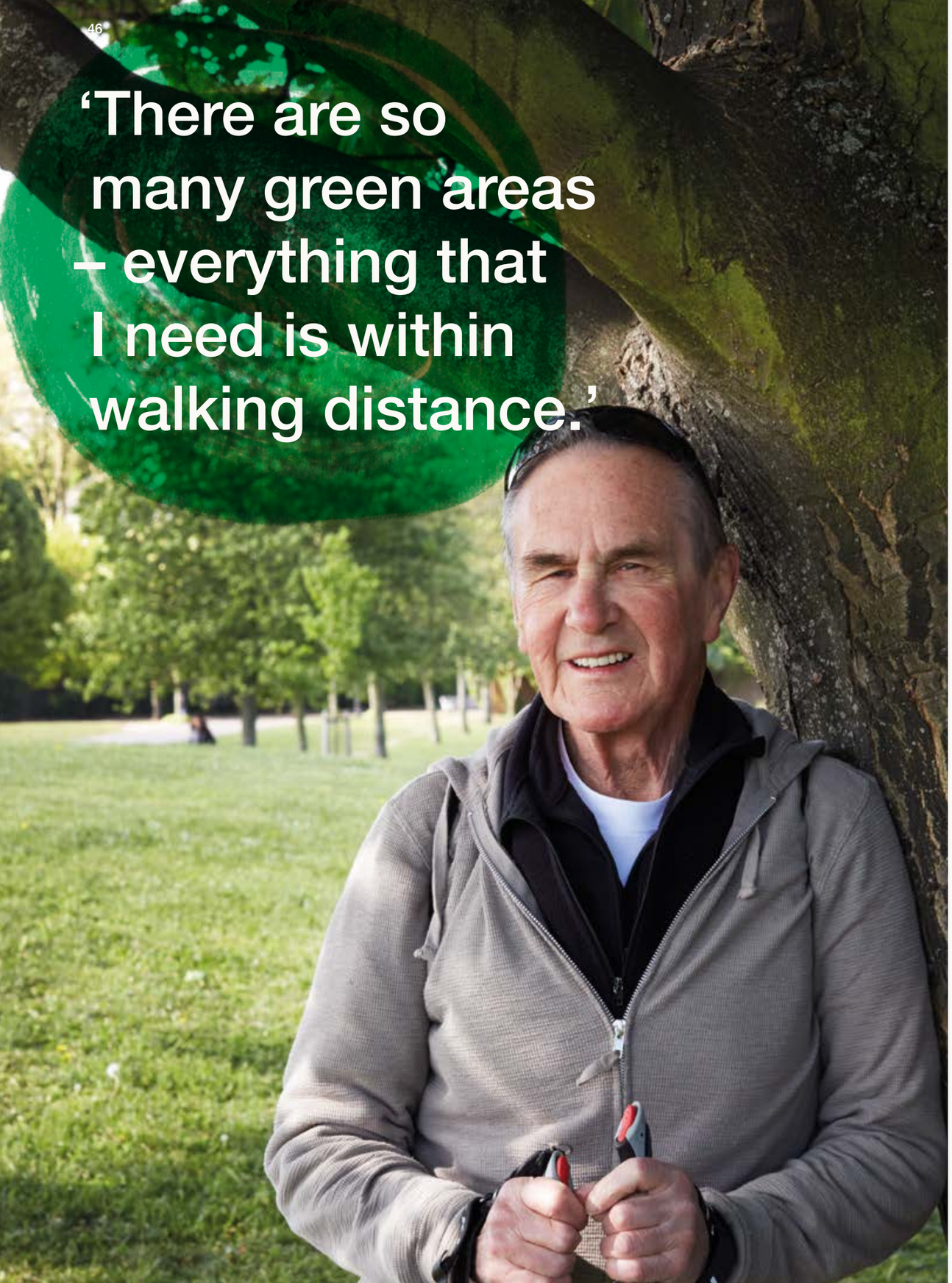
| | Protective | Risk |
|---|---|---|
| Urban | Access and close proximity to health services if you know how to navigate the system, access to opportunities outside the health system which support health (e.g. employment, social activities, health)<br>People making good use of green spaces | Fast paced way of life<br>Noise and air pollution<br>Access to unhealthy behaviours and eating choices<br>Transient nature leading to isolation<br>Crime and safety issues<br>Lack of green spaces |

## Fresh insight

- People in Lambeth and Southwark are using local green spaces and finding other quiet spaces for respite.
- Participants we spoke to are not reporting air pollution or crime as particular issues which might suggest that these have become norms for urban, diverse and deprived areas.

## Opportunities

- How can we support people to become aware of and make best use of the assets that are close by to them?
- How can we continue to make good use of green spaces and create other quiet areas of respite?
- How can we make people more aware of the damages of air pollution and take healthier walking routes?








# Eddie, 73

**Lives: Elephant & Castle**
**Borough: Southwark**
**Profession: Retired**
**Income: Low (pension)**
**Birth country: UK**

- Eddie moved to London from Manchester in 1989.
- He has two long-term conditions – chronic obstructive pulmonary disorder and angina.
- He is extremely active despite this, enjoying Nordic walking, cheerleading and occasionally swimming classes.

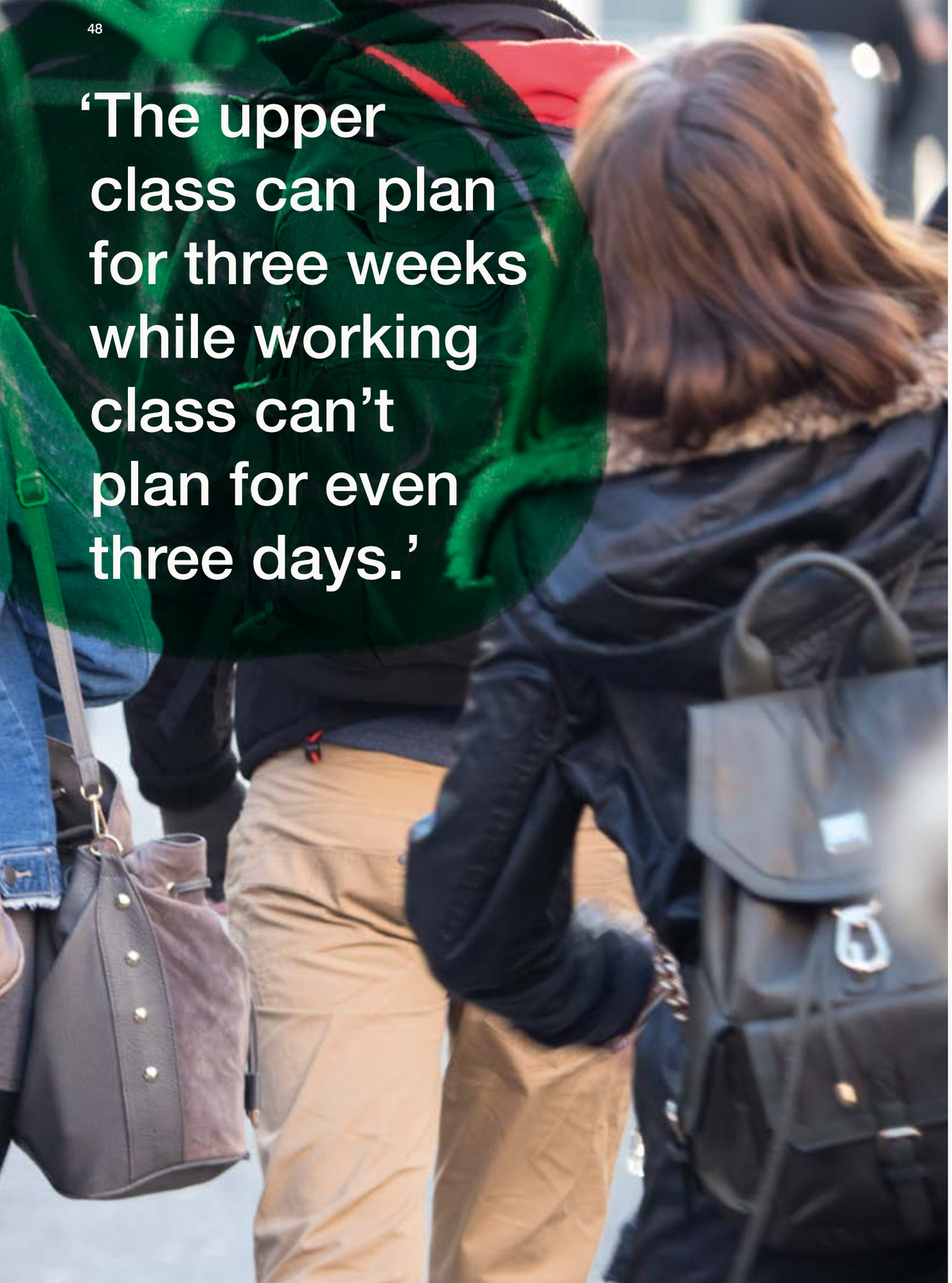
**Eddie’s view on health**
Health is the cornerstone of Eddie’s weekly routine, community and life in London. To him, health means ‘being able to do what I want and not be housebound’. Eddie likes living in London and thinks that moving there was the best thing he ever did as it helped him quit drinking and get into running. Eddie is confident managing his conditions and feels he is doing all that he can to keep himself well. He gets treatment for his conditions at Guy’s and St Thomas’ NHS Foundation Trust and is the co-chair at the Cardiac Arrest Support Group.

**Shift in attitude from unhealthy to healthy related to physical exercise**
Eddie smoked heavily from a young age – even while running marathons and only stopped in 2000. In the past he wasn’t interested in fitness. ‘I used to catch a bus for a seven minute walk.’ He is proud of how physically active he is now and is happy with his life at the moment. ‘The way I see it is that it’s not going to get any better.’ Eddie has suffered from depression for many years and used to take medication but stopped in 1995. His network of friends and active routine help him to stay mentally healthy and being out and about helps him to stay positive.

**Local exercise community as support network**
Before he moved to London Eddie had a drinking problem. He tried AA when he first came arrived but he felt it didn’t work for him. It was two work friends who helped him quit ‘because they were willing to listen to me’.

He still keeps in touch with them now by phone, as they aren’t based in London. The majority of his London friends he knows through being active. In particular those from Silverfit, an organisation for over 45-year-olds that he’s very involved in. Most of his socialising is done whilst being active.

**Using resilience to stay healthy**
Eddie calls himself stubborn. He believes it’s one of the traits that has enabled him to be resilient and change his life for the better over the years. He can’t stand people saying he can’t or wouldn’t be able to do something and will always trying and prove them wrong. ‘9/10 times I will succeed’. This rising to the challenge mentality is the reason he quit drinking and smoking and started running marathons.



‘The upper class can plan for three weeks while working class can’t plan for even three days.’





## Teresa, 45

**Lives: Kennington**
**Borough: Southwark**
**Profession: Café manager (zero hrs contract)**
**Income: Low**
**Birth country: Eritrea**

- Teresa single mother to two boys, nine and ten years old. The eldest has ADHD.
- She used to be very politically active and is an avid campaigner.

### Health and mental wellbeing

Teresa has had a mental health issue in the past. While she has learned how to manage it, it continues to be a struggle and can be impacted on by her day-to-day situation and environment. She feels that she didn’t get much help from doctors around how to cope, just medicine. ‘I’d rather have a broken neck than be mentally ill. At least then people can bloody see it.’ Currently Teresa struggles with feeling lonely and isolated. She had her first child at 35, but most of her friends had them many years earlier. They drifted apart and now she doesn’t know how to make new friends as a single mother. ‘You do feel isolated and lonely as a single parent.’

### The importance of place

Teresa lives in Kennington but doesn’t like it there or feel like it’s home. Though Teresa fought to get rehoused in Brixton, the family was moved to a Kennington flat after their home in Brixton got demolished. For Teresa, the best spots in the area are the libraries which are like second homes to the family and are treasured local resources. She also loves visiting any open, quiet spaces nearby as they help her feel calmer and more relaxed.

### Work and finances impacting on mental health

Finances are a constant worry for Teresa. She spends £1,060 a month on rent but earns only £690. She is always unable to pay the bills – ‘it makes you feel helpless.’ Until recently she was being threatened with eviction because of her rent arrears.

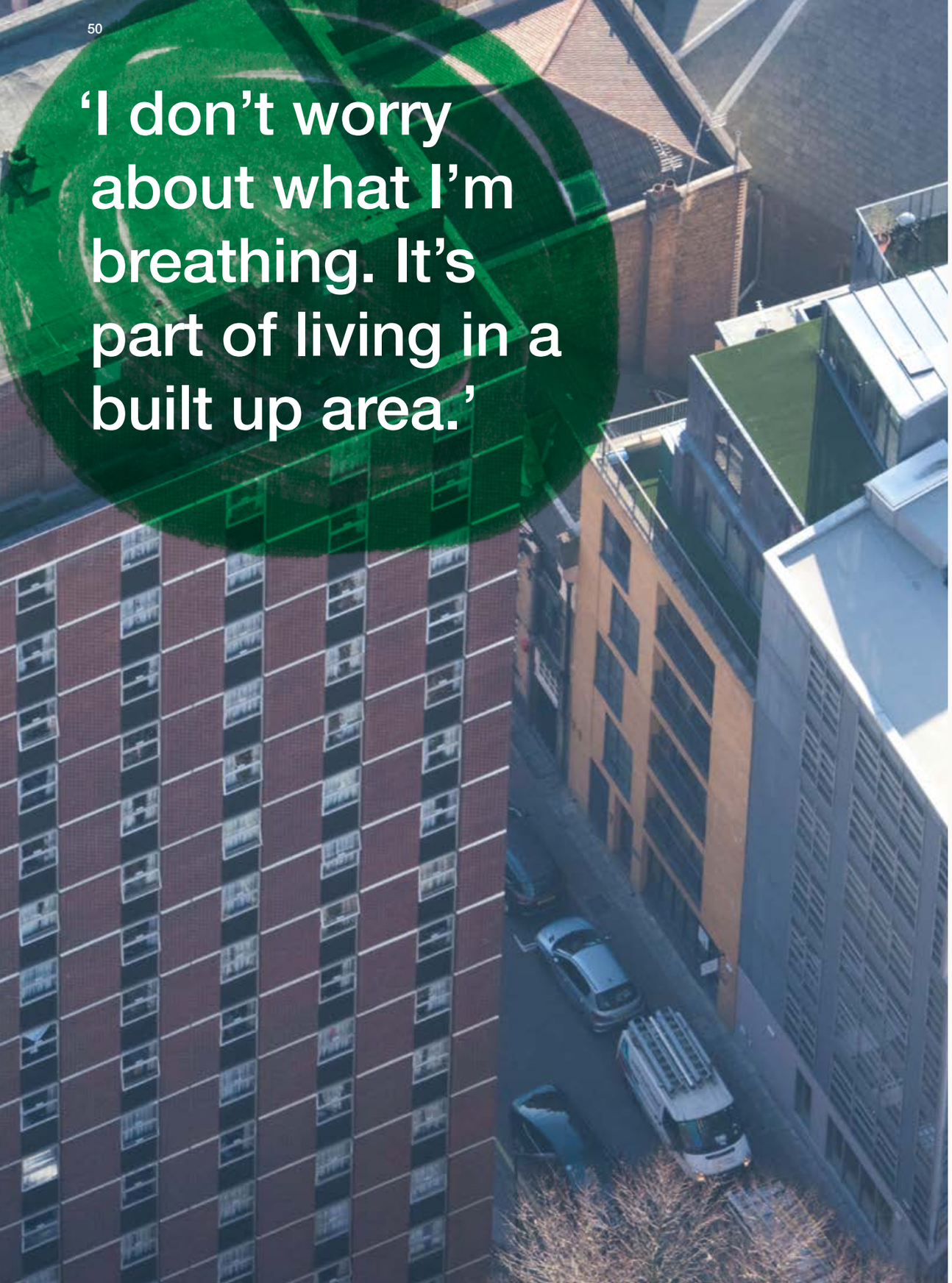
Teresa used to have a job with a London council and believes that her mental health condition was part of the reason she lost her job. She is currently working as a café manager in Brixton on a zero hours contract.  She got her job through her social network.

### Networks to support resilience

Teresa is a strong believer in the power of social networks and how they can help you access things such as services and information that you want and need. In Brixton, she had strong connections and felt part of a community. However this is not the case in Kennington and she feels unsupported now she has moved, despite working in Brixton most days.

### Lack of privilege

Privilege was an important issue to Teresa. She believes that ‘your background decides your health, housing, how long you live and opportunities.’ She is currently trying to improve her children’s prospects by taking them to extra maths and English classes and museums because ‘that’s what middle class people do.’



‘I don’t worry about what I’m breathing. It’s part of living in a built up area.’





# Richard, 49

**Lives: Elephant & Castle**
**Borough: Southwark**
**Profession: Part-time as Content Development Coordinator**
**Income: Medium**
**Birth country: UK**

- Richard moved to London from Lewis, in Scotland, in 1989 for a job and has lived in his house for 19 years.
- He loves his area (especially the transport).
- He lives in his house with his wife and 13 year old daughter.

### Richard’s view on health

Richard views himself as a good patient and believes he’s been very well looked after by the health system.  He is very worried about wasting health professionals time and doesn’t want to visit them for no reason.  When asked about his health and how he thought he could improve it he replied that ‘if I ate fewer biscuits and did a bit more walking that would be sufficient’.

### Ignoring health issues

Richard tends to ignore health issues until they either go away or get worse. He believes ‘most health things, you have no control of’ and decides his health ‘on how I feel internally’. He has had retinal detachment surgery and cataract removal surgery.  It was a friend who works for St Thomas’ A&E who told him to get it check out immediately. Even then, he didn’t push the issue with services ‘I’m not a pusher or a chaser. I will wait until the letter arrives.’ He also hasn’t been to the dentist in 20 years and is very worried about going. He won’t go until he desperately needs to as he thinks a visit would do more damage than good. His environment is not a concern ‘I don’t notice pollution, but assume it is there.’

### Food and temptation

For many years Richard would visit a greasy spoon café near work for a full English and chocolate bar. When he moved to a new job, temptation followed him and he found another greasy spoon nearby. Nowadays he tries to only eat it once a week and gets sandwiches instead, however he doesn’t know if this is healthier. ‘I don’t feel unhealthy, although maybe I should’. Generally, the family cook meals from scratch and on the weekend they’ll get a takeaway or have a ready meal. Richard believes he would eat more ready meals if left to his own devices and has noticed over the years that the local supermarket has been stocking more of them.

### Community and faith

Most of Richard’s community in London has come from going to church. The people who attend are often from mixed backgrounds and ages, which he likes as ‘it’s great to meet people from different backgrounds’. However, the transience of the city makes it hard to invest in friendships: ‘is it worth getting to know individuals of the community if they’ll just be gone in two or three years time?’ He and his wife are also part of choir groups. Richard believes that the best way to make friends is to attend groups for interests you have.

# Chapter 3

# The relationship between health and diversity

A diverse area has a range of people from many different backgrounds in terms of ethnicity, either through family or direct migration from outside the UK. Diversity is often linked to deprivation and urban environment, due to the transitory nature of migration. Inward and outward migration can impact on service provision, community cohesion and widening inequalities.[8]

Interestingly deprivation is often associated with poor social cohesion, whereas once controlled for this, neighbourhood ethnic diversity is associated with higher social cohesion, indicating it is an asset.[9]

Ethnicity can have an impact on how people access health services. Some studies have shown that there are examples of institutional racism. Others have shown varying degrees of access. Access for BME groups across primary and acute care, and their experience can be worse than other groups. African and Caribbean men, where unemployment is significantly higher and depression is a risk factor, are less able to identify mental health problems or access services.

Diversity can be seen in a range of ways, including:

- Sexuality
- Religion
- Age
- Culture

An ethnically diverse neighbourhood has been shown to influence the formation of strong communities. However, research also shows that increased area deprivation can have a negative impact on social cohesion with potential to mitigate the community ties formed by diverse communities.[10] This is important as strong social cohesion in an area can also have positive impacts on health outcomes.[11]

8 Bloomer, Ellen, et al, 2012. The impact of the economic downturn and policy changes on health inequalities in London – IHE. UCL Institute of Health Equity

9 Policy briefings – Centre on Dynamics of Ethnicity – The University of Manchester [WWW Document], n.d. URL http://www.ethnicity.ac.uk/research/briefings/policy-briefings/ (accessed 4.12.17)

10 Policy briefings – Centre on Dynamics of Ethnicity – The University of Manchester [WWW Document], n.d. URL http://www.ethnicity.ac.uk/research/briefings/policy-briefings/ (accessed 4.12.17)

11 Fone, D., White, J., Farewell, D., Kelly, M., John, G., Lloyd, K., Williams, G., Dunstan, F., 2014. Effect of neighbourhood deprivation and social cohesion on mental health inequality: a multilevel population-based longitudinal study. Psychol Med 44, 2449–2460. doi:10.1017/S0033291713003255

## Supporting literature

‘After adjusting for area deprivation, neighbourhood ethnic diversity is associated with higher social cohesion and greater feelings that people in the area get on well together and respect ethnic differences.’

– Source: Diversity or deprivation – what’s the issue? (Policy briefings – Centre on Dynamics of Ethnicity)

‘African and Caribbean men were less able to identify mental health problems, less aware of sources of help and more likely to fear that contact with services would lead to loss of status.’

– Source: Explaining levels of wellbeing in Black and Minority Ethnic populations in England (Stevenson, Jacqui; Rao, Mala, 2014)



# Diversity and health: spotlight on Southwark and Lambeth

‘It’s very difficult to tailor interventions and do a one size all approach. That’s where we fall down at the moment. A lot of our interventions are designed for a large group of people in the UK. We roll it out and it doesn’t land with the 66 different populations [in Southwark].’

**Health professional**

Within Southwark and Lambeth, and London’s urban environment, diversity is common. Therefore, this factor has been layered on top of urban, and the two factors are used as a lens to look at the impact on health.

Diversity and the impact on health can be both individual or place based:

- The impact of an area that can be characterised as diverse on the health of residents (opportunities, barriers, service provision, etc.)
- The impact of diversity at an individual level on health

People from different places and cultures have different needs and therefore services need to tailor their offer to meet these diverse needs which leads to resource implications. Services that do not adapt their approach can isolate particular segments of the population as they may not be aware of services or feel like services are not for them. The health professionals were conscious of this, however, the residents we spoke to – on the whole – were not.

‘You are close to healthcare in urban settings which is protective. But the diversity means that people will access services in different ways which might not be tailored to the needs/behaviours of different groups.’

**Health professional**

‘GPs will say it’s important to provide a cradle to grave service but only 47% of people are born in London. If people are churning through, then it changes the nature of health services – there’s no continuity.’

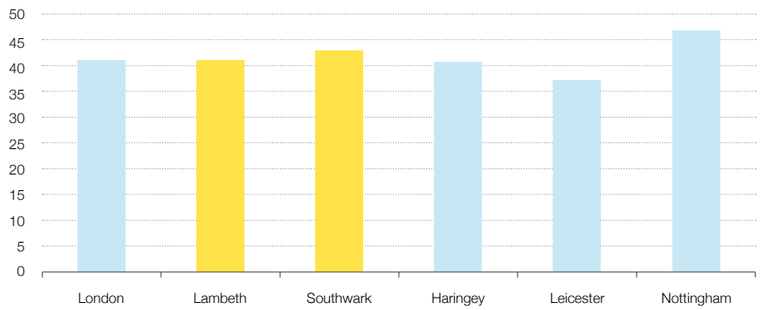
**Healthcare decision-maker**

# Comparing Southwark and Lambeth to other urban and diverse areas

## Social isolation

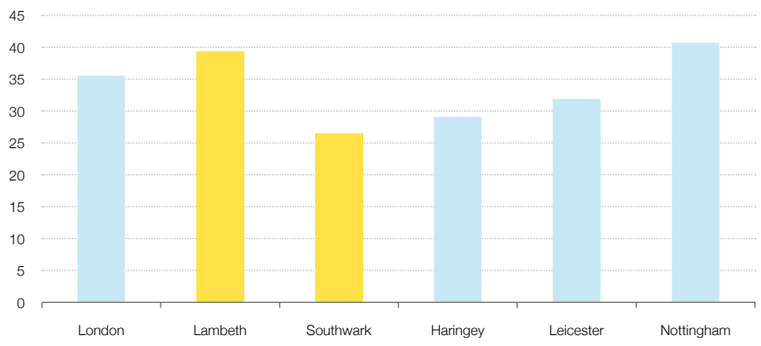
The percentage of adult social care users who have as much social contact as they would like is slightly higher than London, Haringey and Leicester.

### Social isolation: percentage of adult social care users who have as much social contact as they would like




Source: PHE Fingertips (2014/15)

### Social Isolation: percentage of adult social carers who have as much social contact as they would like




Source: PHE Fingertips (2015/16)

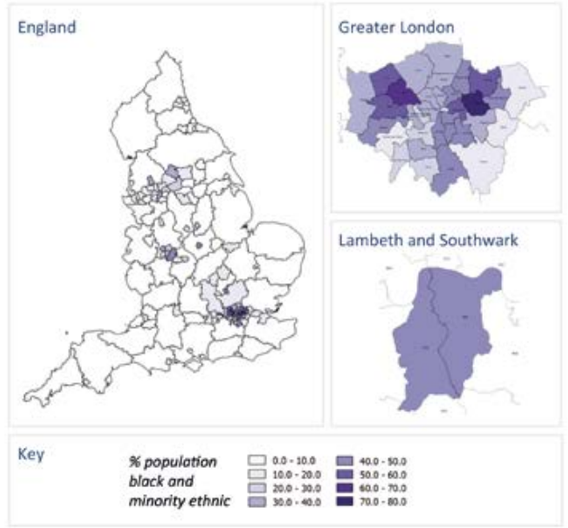


## Ethnicity

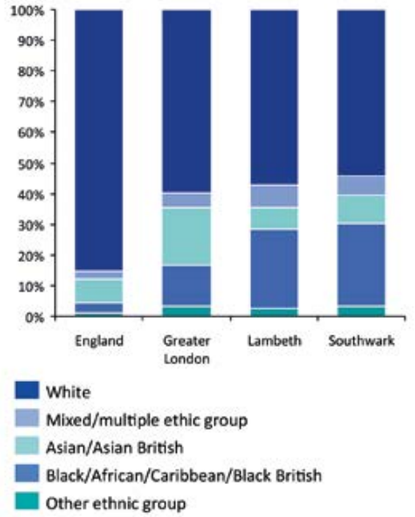
Lambeth and Southwark have a similar proportion of hospital admissions by ethnic group than the England average and their urban, diverse and deprived neighbours.

Lambeth and Southwark have a large black and non-white ethnic population; the black population making up around 25% of the population in the boroughs.

### Percentage of population black and minority ethnic




### 2011 Census of ethnic groups




Source: Public Health Outcomes Framework, ONS 2011

# The lived experience of health in Lambeth and Southwark as urban and diverse areas

Insight

## Diversity influences health seeking behaviours and how people access health services

The many types of diversity in a city – faith, age, ethnicity, sexuality – play a part in how different groups approach health and use healthcare services. This can add complexity to provision of care on top of pressurised services in urban settings in terms of volume and transient turnover of need. The interviews with local stakeholders and residents, drew out some of the distinct needs of the diverse groups living within the two boroughs.



### Gay men living in Lambeth and Southwark have specific health needs

> 'Lambeth has the highest concentration of men having sex with men (MSM) in Europe. Diagnosed and undiagnosed HIV is highest in MSM and Black Africans. There is also some evidence that there is increased risk-taking and HIV rates with the emerging migrant communities in the borough – the Latino and Eastern European communities.'
>
> **Community service provider**

For gay men, the provider felt health services do not always take account of the needs of different communities where stigma and discrimination is linked with sexuality – 'are they going to understand cultural issues around discrimination?' Although the community service provider interviewed acknowledged that demographic identity and health boxes can be limiting, it was felt there does need to be support available in services and the community that takes in the complexity of sexuality and provides a safe space to seek out sexual health advice.

A designated place to seek out sexual health support and advice resonated strongly with Crisanto, who lives in Stockwell with his partner. For Crisanto, maintaining good sexual health as a gay man is important to him, and places like the 56 Dean St clinic in Soho means that he can quickly and easily get sexual health check-up. He goes to the clinic every 6 months to check for HIV and hepatitis and has made keeping in strong sexual health part of his regular routine.

'They have good nurses at 56 Dean St – very flexible and friendly'.

**Crisanto, 26**

## Young people need a different approach to services

> ‘Young people in our boroughs are unable to access services – there is a gap in how services are set up and how they can access them. They don’t understand how they can access the support and don’t think they can ask for services. It’s not about the ‘hard to reach’ – it’s the systems that are hard to reach.’
>
> **Health provider**

For young people, services do not always frame healthcare in a way which resonates with their needs. They are a group in Lambeth and Southwark that are struggling to access services; there is often a gap between what is offered and what resonates with them. A service provider described how ‘we need services that can support the wider issue of transitioning – acne, mental health, sexual health interventions’, and that these less acute conditions are just important to address as gang trauma and knife crime. There is potential for them to contribute to low self-esteem or community fights from sexual health issues which may contribute to more serious gang violence or mental health challenges later on.

> ‘Southwark is a young borough. Trying to get people to take a preventative approach and getting to adopt a healthy lifestyle, and thinking about 10 years in the future is hard.’
>
> **Health professional**

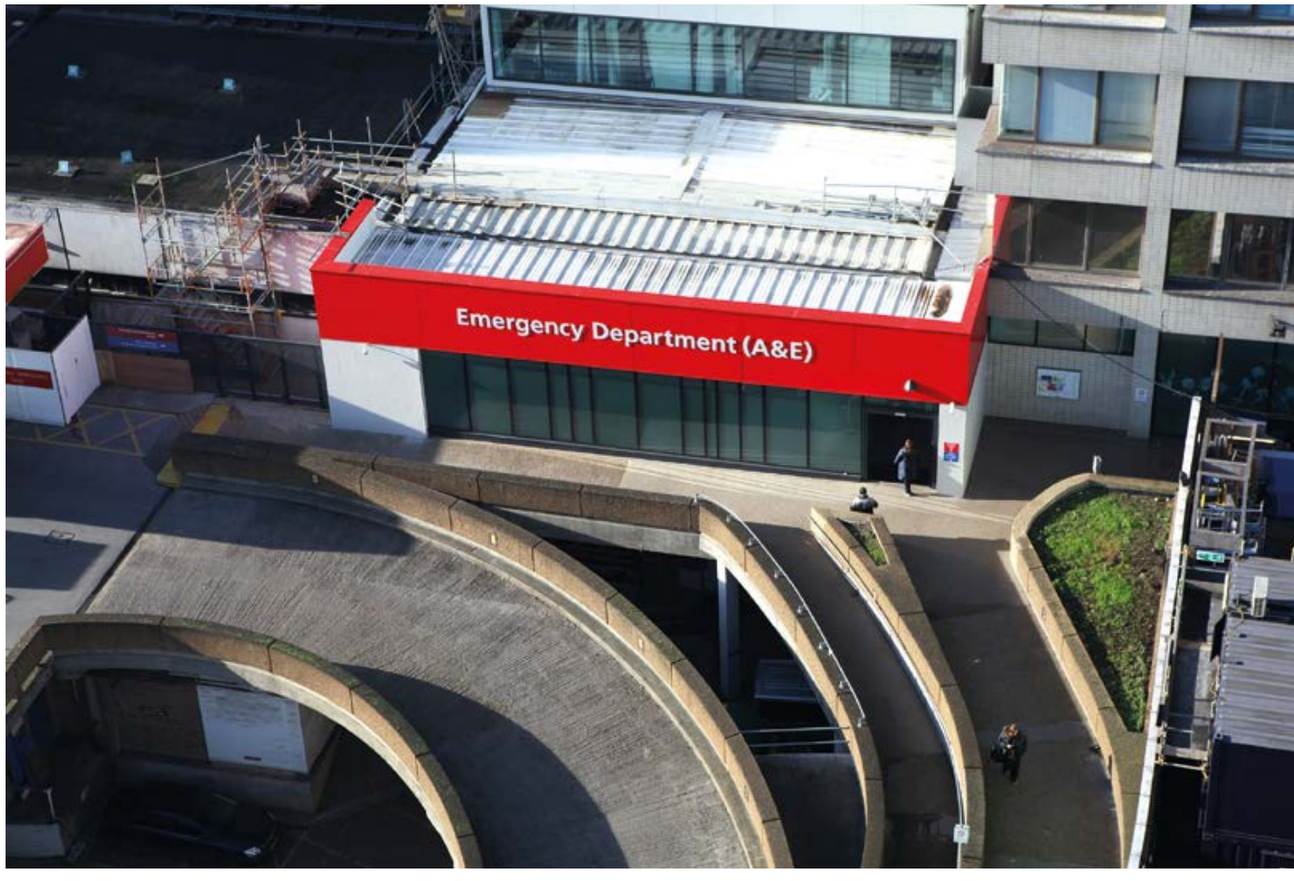
**Both Lambeth and Southwark are ‘young’ boroughs, with a large proportion of under 18s and a low proportion of over 65s**

Sometimes, young people are not seeking medical help even when needed. A health professional talked of a boy who was stabbed but did not seek medical help and tried to self-heal. This approach was familiar to Trevor when he was younger.



‘I got in a couple of car accidents when I was young but I didn’t go to A&E, I felt fine – I didn’t need to go.’

**Trevor, 42**



## Older people need community network support as well as multidisciplinary health and social care

> ‘Services do need to be tailored. For example, extremes of age. The elderly will have high primary care, complex care, prescribed medicines. They will seek help differently in a very young person with a disability.’
>
> **Health provider**

The elderly will need specialised care within a health service, but equally important is support networks in the community. This is an area some health professionals feel they haven’t worked out the best way to engage with it all and that there’s a gap between theory and practice.

Community assets, such as the singing group at the Dragon Café in Borough, are a great example of bridging the gap between need and service by not creating the expectation on people to manage a treatment. People with respiratory problems join a singing group because they want to go and enjoy the music and make friends. There is no emphasis on management of their conditions and anecdotally, it was seen to have made a difference to how people were breathing.

> ‘There is strong mobility within the ethnic groups especially the older black afro-caribbean community. People who are at risk of strokes and other long-term conditions are leaving London. A lot of the communities have disappeared which means support networks are diminished.’
>
> **Professor of Public Health**



Insight

# Extreme diversity within cities means there are many different cultural assumptions and attitudes to health in a relatively small geographical area

The large variety of ethnicities and cultures of people living in Southwark and Lambeth means that people are accessing health services and maintaining their health in a number of different ways. Health professionals interviewed discussed some of the many different approaches taken in the boroughs whilst the residents described some of the contrasting ways they view and look after their health.
Going with the familiar

People from Southwark and Lambeth, especially from the Portuguese community, are preferring to use the healthcare in their country of origin. This can have negative implications as it means people are only accessing health services in the UK at the point of crisis.

> ‘People question how can they truly understand me if they don’t know my culture and my language. They would rather fly back and pay for services in Portugal, then run out of money and only access care later down the line.’
>
> **Health professional**

‘I paid for a private doctor to get a sick note to give to my employer.’

## Carlos, 51

Carlos moved to London in 2003 and his wife and children moved over a year later. He didn’t speak any English then and has minimal confidence speaking it now. Between 2003 and 2006, he was working night shifts as a cleaner which he found very tiring and isolating.

Carlos is originally from Portugal. Over in Portugal, it is common to pay privately for healthcare so Carlos paid out for private care, even though he was on a very low wage.

**Read Carlos’ full story on page 78**

Similarly to Carlos, Crisanto always gets his dentistry done when goes back to the Philippines, every few years. He has lived in Stockwell for a long time but still has not registered for the GP and has no idea where his local GP practice is located.

‘I still go to the GP up where I was brought up in Colindale. It’s just where I feel comfortable and familtiar.’

## Crisanto, 26



### Lack of trust in the British health system

‘I trust Chinese medicine. I heard the medicine over here would be different for my body.’

## Fang, 25

Fang is a full-time international student from China studying service design. Her English is fairly good, though sometimes she struggles to get words or phrases out which gets her down and makes her stressed.

Fang uses Chinese medicine. She brought it over when she came because she trusts it. Using alternative methods of healthcare such as Chinese medicine may not be detrimental to health in itself. It is only when there is a preference to take alternative methods to treat serious diseases that issues can start to arise.

**Read Fang’s full story on page 80**

A health professional describes the different perception of risk from different cultures. If they get, for example, a diabetes diagnosis, they can think they don’t need treatment.

> ‘They say God is good – I am sure he will look after me. Culturally they have to understand blood pressure and obesity is a problem but we don’t have the understanding of how to manage the cultural differences.’
>
> **GP**

Insight

# Language barriers limit people's understanding of what is available and dialogue about health with health professionals and employers

## Communicating symptoms and cultural perceptions around health

> 'There was an Ugandan lady with not very good English who came to the surgery saying she had a headache. Actually she was stressed, but the word stress didn't exist in her language and had translated it as headache.'
>
> **GP**

Language will impact on how people access health. GPs described how Afro-Caribbean, Portuguese and Asian patients often have similar conditions, but seek help in different ways.

> 'The way they present to the doctor, or what they request will vary group to group. For example mental health. All will have different perceptions around mental health.'
>
> **Health professional**



## Not accessing the right support

> 'It was really difficult not being able to speak English.'
>
> **Carlos, 51**

Carlos's inability to speak good English has meant that he has struggled with knowing what health benefits were available to him. In the past, a council interpreter misinterpreted what he said and the family had their benefits cut off.

He has recently been diagnosed with two forms of cancer but has no knowledge of how he might access support from health services or cancer charities. A result of this, his wife is hiding her own leg condition at work to her employer because she is scared of losing her job and being unable to support the family.

## Language barriers and isolation

> 'Some of the carers not from the UK struggle because of the language barrier. If you have lived here 20-30 years, you talk to people, meet people and expand social circles. But they are not able to get out, improve their language and meet people.'
>
> **Voluntary service provider**

Not speaking the language can often mean diverse groups are not connecting into communities, creating social ties and ultimately this means that they have smaller support networks when they or a family member's health is suffering. Carers can be especially isolated as well as new mothers who are not working and have English as a second language.

Due to his limited English and working night shifts, Carlos's support network is very small with only his only his wife and brother to rely on. His wife is not sure how she will care for him as he starts gets more sick when she is working.

Data shows that across Lambeth and Southwark and other urban, diverse and deprived neighbours a large proportion of people with long-term conditions do not feel supported to manage them.



Insight

# There is often a reliance on ‘outside the system networks’ to support health

‘Within the Muslim community in Streatham, I think they are stronger because of the way they support each other. At the Hadeeri Mosque, they do yoga, keep fit, there’s a big nursery. The South Islam mosque has lots of classes for children like self-defence. The communities look after themselves.’

**Voluntary service provider**

## Faith as an asset to health

‘We talk about what we can do to be happy – you’ve got to be adaptive, and faith helps.’

**Kim, 62**

Health services see the value of connecting in with faith groups to help support with health and are finding new ways of doing so. A faith group can provide a community for people, a way to meet and connect with people in a busy and often anonymous urban environment. Faith can create strong networks of support whilst providing emotional support as well.

Kim and her husband are Christian and have they strong Christian (and non-Christian) support networks. Kim has a diverse network of friends from many different backgrounds, countries and ages. While she seems to support many of them more than they support her, she does have a few who she can call on for specific issues.

‘Church is a massive factor in the health of a community. They can be hard to engage as they see it as a safe space. But building those bridges is a long-term investment. ’

**Health professional**

‘When you are having an issue [with not getting social housing], you keep praying, but understand that if you don’t, then it has gone to someone else who needed it more.’

## Tessy, 34

Tessy is originally from Nigeria. She moved to the UK in 2010 and for the first six years moved around various private rented sector flats (from Peckham, Battersea, Stockwell to Dulwich). She finally got a council flat in Lambeth where she lives with her husband and three children.

Tessy is a Jehovah’s Witness and meetings are her strongest community connection. She says it makes ‘life easier and less stressful’. It also helps her make sense of the sacrifices she makes for her kids. The meetings provide a safe space around her which is stress-free.

**Read Tessy’s full story on page 102**

‘Most of my [Chinese] friends aren’t registered at the GP either. It just takes too long. I think they are also waiting ’til they are ill.’

## Fang, 25

Fang and her Chinese friends use an online forum where Chinese people go for advice about UK medicines, although most bring medicines with them from China. In fact, they all create lists of medicines to bring before they go, have a huge medicine drawer full of them, and pass them onto other Chinese friends when they leave.

Fang has the opportunity of a close-knit Chinese community which is positive as she gets advice from them (and is fairly self-reliant), but could be negative as an over-reliance on informal advice from other cultures could be wrong/ill-informed, or divert people from accessing formal healthcare services early on, and only accessing at point of crisis.

# Implications for health and wellbeing

The analysis of data, literature and conversations points to a series of distinct implications for health and wellbeing in urban and diverse areas.

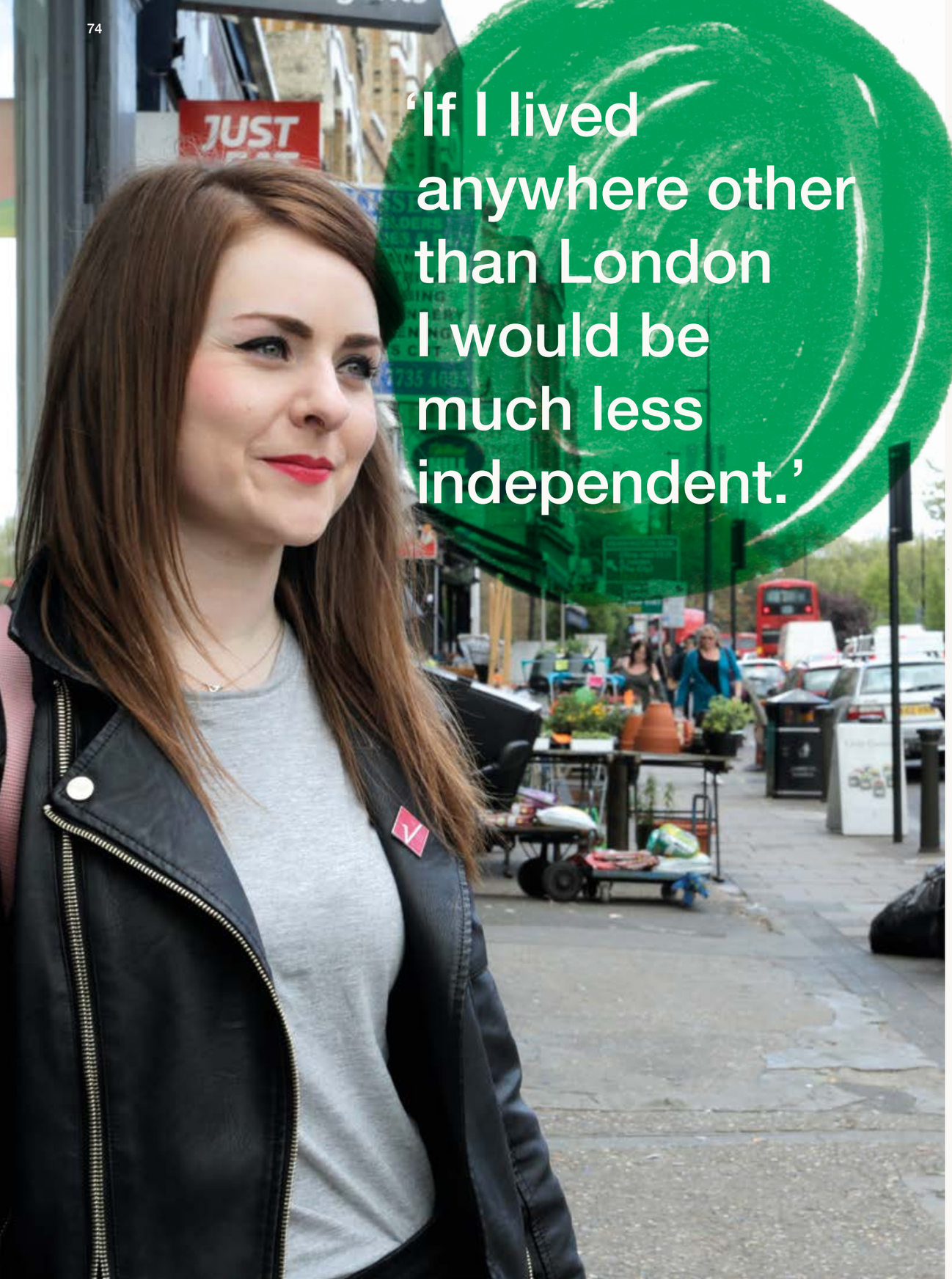
| | Assets | Risk |
|---|---|---|
| Urban | Access and close proximity to health services if you know how to navigate the system, access to opportunities outside the health system which support health (e.g. employment, health)<br>People making good use of green spaces | Fast paced way of life<br>Poor noise and air pollution<br>Access to unhealthy behaviours and eating choices<br>Transient nature leading to isolation<br>Crime and safety issues<br>Lack of green space |
| Diverse | Faith<br>Informal support networks outside the health system<br>Strong communities | Different needs which are not properly met/framed/connected with<br>Different health assumptions/ cultures<br>Language barriers |

## Fresh insight

- Being part of a close community can be good for health when this provides informal and preventative support, but problematic if it is based on health-seeking practices that might mean people access services only at the point of crisis.

## Opportunities

- How can we support services to better understand the varying needs of different groups, and how best to position the health services they provide?
- How can we support services to understand different cultural assumptions and practices of different ethnic groups
- How can we help services to reach out into, and help, communities to become aware of and navigate services?




‘If I lived anywhere other than London I would be much less independent.’





# Isobel, 28

**Lives: Oval**
**Borough: Lambeth**
**Profession: Music Assistant**
**Income: Low**
**Birth country: United Kingdom**

- Isobel has lived in her house in Oval for six years and loves it there
- She has had ME since she was nine but her diagnosis has recently been replaced with POTS (postural orthostatic tachycardia syndrome)
- Her condition makes it hard to plan ahead

### Isobel’s view on health

Isobel’s illness has shaped her entire life, from being unable to get a formal education to maintaining relationships and finding employment. Her condition means she only has a finite amount of energy and has to be careful how she ‘spends’ it. Isobel explains her energy levels as ‘if go into my overdraft, so to speak, I’m just tapped out for the next few days.’ This has meant that she has had to learn how to manage her condition and understand the boundaries around what she can and cannot do so she doesn’t over-exert herself.

### Managing a long-term health condition

Isobel’s key priority is manage her condition to ensure that it doesn’t get any worse. This is so she can keep working to be able to afford to maintain her lifestyle. She values the support she gets:‘[if] there’s not a benefits system in place, I don’t know what I would do.’

Isobel finds it hard to find employment because of her health condition. She can get far in the interview process if she doesn’t disclose her health issues however once she informs potential employers she doesn’t hear back from them. She worries employers think she is making it up, ‘My worst thing is if someone calls or thinks I’m lazy.’ Her current job came through a friend who was understanding of her condition and allows her to have a flexible working schedule.

### Navigating health in an urban setting

Isobel loves living in her area and thinks she has a good lifestyle there. Her condition means she often gets tired easily and can’t travel very far. When she lived in Dorset this used to be a big issue for her, however now since she’s moved to Oval, the local transport links, nearby entertainment and shops has meant she is happier and has a much improved quality of life. The abundance of travel connections gives her the freedom to get about even if she’s tired.

Isobel builds up her strength by going on walks around her area, pushing herself a bit further each time she feels strong enough. She feels comfortable and safe in Oval, despite the crime and harassment she has experienced there. She often walks main roads to get about as it allows her to be near a bus stop if she gets tired and it feels safer than backstreets.  However she often gets sexually harassed when she does this. When mapping the area she pointed out the worst points: ‘this bit and this bit are really pervy.’

### Mental wellbeing

While she has the option to return home to her family in Dorset if her finances became an issue or her health worsened, she would find this a step backwards.  She implied it would have a negative impact on her mental wellbeing. ‘If something happened now I would really struggle to stay positive.’






# Crisanto, 26

**Lives: Stockwell**
**Borough: Lambeth**
**Profession: Student**
**Income: Low-medium**
**Birth country: Philippines**

- His parents had moved to the UK when he was two and then brought him over later when he was 16
- He is a full-time student studying hairdressing at Lambeth College
- He has lived in Stockwell with his partner Thomas for six years

### Crisanto’s view on health

Crisanto has lived in the area for a long time but still has not registered with the GP and has no idea where his local GP practice is located. ‘I still go to the GP up where I was brought up in Colindale. It’s just where I feel comfortable.’ Sexual health as a gay man is important to him, and he goes to the 56 Dean St Clinic every six months to check for HIV and hepatitis ‘They have good nurses there – very flexible and friendly’. For his dentistry, he would rather go back to the Philippines and get it done as it is cheaper and he feels, ‘a better standard then here.’

### Language barriers can be stressful

Moving over from the Philippines to live was exciting at first. It got more difficult as he struggled to find his place and found it stressful living in a big city after a peaceful life at the beach in the Philippines. ‘I found it hard to understand the accents and I didn’t have friends I could trust.’ Things started to get easier when he started college and made friends.

### Knowing your local community

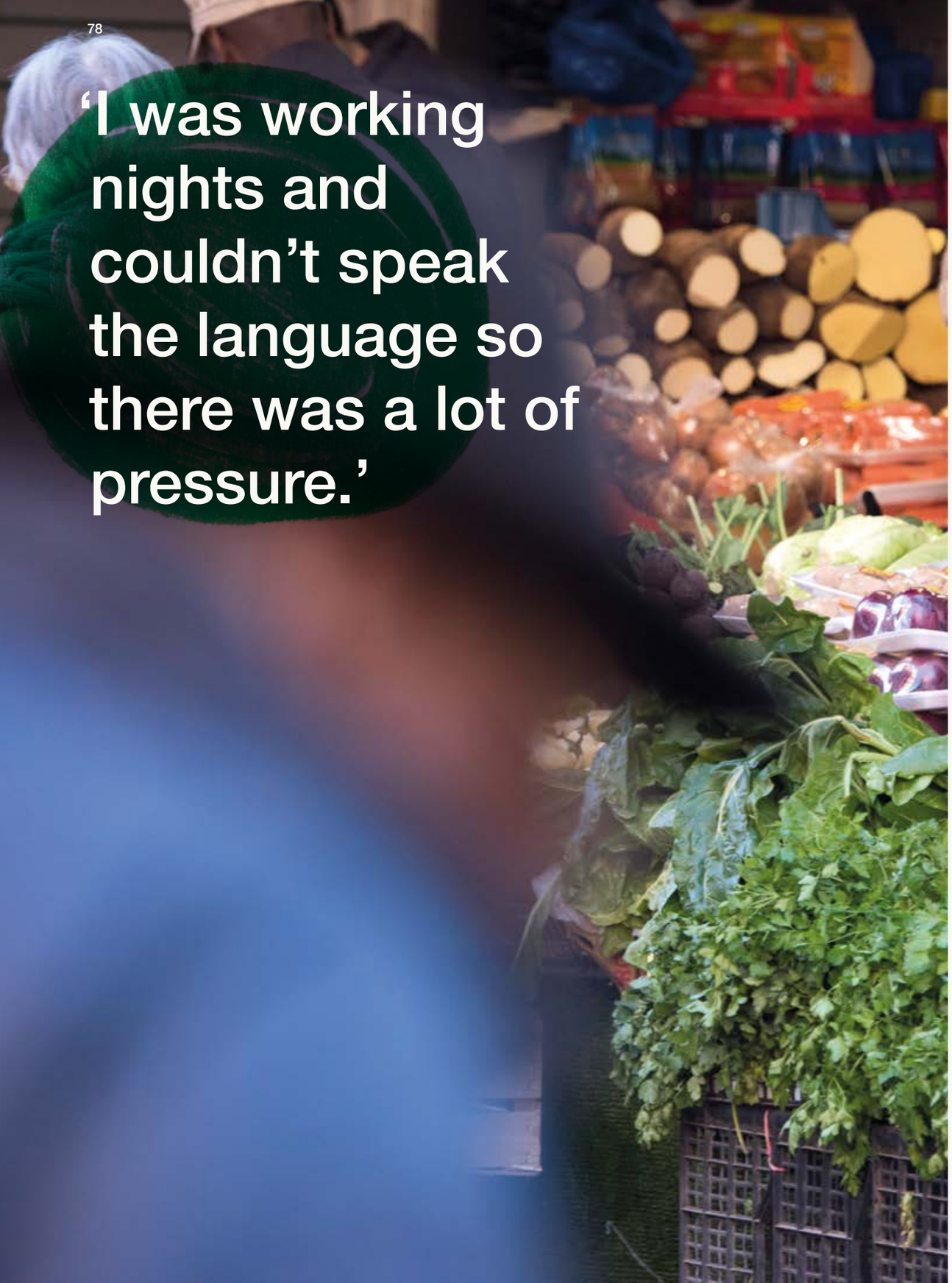
When Crisanto first arrived in London, he lived in Colindale, North London with his family. He still loves going back up there as it’s familiar and he knows exactly what shops to visit and which cafes to go to. He finds it comforting because there is an established community there; ‘I can knock on at least five doors at any time and get fed.’ This is in contrast to Stockwell, where he does not know anyone apart from some people in his building. Soho is the other area of London he feels really comfortable, having worked there, had health checks and gone out there on the gay scene.

### It can be hard to make local connections in the city

Crisanto speaks to his best friend and sister every day via text and phone but it is harder to see people regularly because he ‘always has to travel’. He expressed a wish to get more involved in the local area and volunteer. He sees it as a way to meet people and get out of the house. ‘Sometimes I can spend five hours by myself studying in the house and you start to go mad after a while.’

### Wellbeing in the city

To relax locally, Crisanto often has his lunch at a local bus stop which has been turned into a garden. He also loves goes to the local parks to ‘feel peaceful and escape from the stress of the city’ and tries to get out of London as much as possible to visit beaches and the countryside.



‘I was working nights and couldn’t speak the language so there was a lot of pressure.’



# Carlos, 51

**Lives: Oval**
**Borough: Lambeth**
**Profession: Retired (health reasons)**
**Income: Low**
**Birth country: Portugal**
*Interview done via a translator

- Carlos has prostate and larynx cancer
- He moved to London in 2003 and his wife and two children moved over a year later
- He didn’t speak any English then and has low confidence in speaking it now

**Employment option affecting health**
Between 2003 – 2007, Carlos worked nights as a cleaner and he looks back at this time as an extremely tiring and isolating period. It was important to him to try and maintain a normal life and look after his family while he was working. ‘I used to do my night shift, wait for the trains to start up again in the morning, travel home then wake my kids up and take them to school. I would finally go to bed, then wake up and do the same again.’

In 2007 he started to feel ill and extremely tired so asked his work if he could switch to day shifts. Despite his positive work record they told him they could only agree to this with a doctor’s note, which left Carlos feeling unsupported and unmotivated. Carlos’s wife (who works for a similar cleaning company) is currently experiencing bad knee pains but is worried about discussing it with her work for fear of losing her job.

**Managing a health condition with limited finances and support**
Carlos did manage to get a note from a private doctor and was able to move to day shifts. However, in 2008 he left his job after his health worsened. It wasn’t until 2016 that he was diagnosed with cancer, which is a stressful issue for the family, especially because of the financial impact it could have. His wife worries about how she would support the family if she has to care for him.  She is unaware of the benefits or support available to her if she had to become a carer.

**Establishing a network in a new country**
Carlos had a difficult start when he first arrived in the country. As he couldn’t speak English and was working night shifts he didn’t have any opportunities to make friends, only his brother, and he had to rely on him to navigate around.

Between 2003 – 2007 he moved eight times. Shifting from rented, to hostel to council housing and each time getting further out of London until he finally moved into his flat in Oval in 2007. Coupled with working nights, this was a particularly stressful and uncertain time for him and his family.

**Mental wellbeing**
Carlos recalled the times when he started working day shifts as some of his happiest. His new routine meant he could spend time with his children on the weekends and he was able to make two friends (Nigerian and Polish) who still managed to communicate despite not speaking the same language.

To keep fit, Carlos goes for an hour long walk every morning in Kennington Park.  This is something he does even if he is feeling unwell or weak as it relaxes him and he finds it enjoyable. He likes to keep to himself and strongly dislikes noisy places or activities. His favourite pastime is finding a quiet café to read a book in.

‘Most of my [Chinese] friends aren’t registered at the GP either. It just takes too long.’





# Fang, 25

**Lives: Canada Water**
**Borough: Southwark**
**Profession: Student**
**Income: Medium-high**
**Birth country: China**

- Fang is a full-time international student from China studying service design at London College of Communication
- Her English is fairly good, though she sometimes struggles to get words or phrases out which can upset her and make her stressed
- She is very independent and dislikes having to relying on others

**Fang’s view on health**
Fang thinks that ‘health is a very abstract concept.’ She believes prevention is key to maintaining good health. Last year she went running once a week (using the Chinese running app Keep), played table tennis and snooker, went horse riding and back home she often played badminton. However at the moment health isn’t her top priority and she often finds herself too busy to do any of these activities. This is also the reason she hasn’t registered at her local GP – because she thinks it will take too long and doesn’t have the time to do it. In the meantime, Fang uses Chinese medicine she has brought over, or that her friends have left her if she has any issues. She says she trusts it more than English medicine. She had ‘heard the medicine here would be different for my body.’

**Moving to an urban environment**
Fang is in London to study and wants to get a job here, though she knows her ability to speak English is a barrier. This often causes her a lot of stress and can be isolating at times.

**Local area supporting mental wellbeing**
Fang views herself as a positive person. She lives in a residential area in Canada Water and loves it there because of the green spaces and its close proximity to water. Green spaces and being close to nature is very important to Fang to help her feel relaxed. Her local area has a positive effect on her mental wellbeing, ‘my environment doesn’t stress me out, my course does.’

**Reliance on informal networks for health**
She has a small friendship circle here in the UK, one which is predominantly Chinese. She relies on her boyfriend and her mother (who are based in China) for emotional support.

There is a strong online community for Chinese expats. Fang gets support and information about health from online Chinese social networks and forums such as Red Scarf (where most of her friends go). This is helpful when it comes to navigating the country but does can cause over-reliance on informal advice from her peers that could be wrong or ill-informed.

# Chapter 4

# The impact of deprivation on health in an urban setting

Deprivation means not having sufficient resources to live adequately and is often associated with poor health and social outcomes. Indeed poor health can often drive deprivation, with early onset of long-term conditions linked to an earlier exit from the labour market. Overall, more than half of those with an long-term condition consider their health is a barrier to the type or amount of work they can do, rising to more than 80 per cent when someone has three or more conditions.[10]

Studies show that deprivation is negatively associated with good mental health, although this was significantly reduced for those living in high social cohesion neighbourhoods.[11]

There is much overlap between urban and deprived areas, for example around air pollution and green spaces which has been discussed above.

Living in a substandard home leads to a higher direct risk of poor health outcomes, including cardiovascular and respiratory diseases and mental health problems, as well as indirect negative health impacts, for example on dexterity and children's educational attainment. Lead ingestion can contribute to low cognitive function and stunted physical development in exposed children whilst pollution and allergens, also more common in disadvantaged areas, can exacerbate asthma.

There is some discussion about the individual versus place-based deprivation, and whether those from deprived backgrounds who live in more affluent areas fare better than those living in deprived areas.

There is no evidence that people experiencing personal poverty living in an affluent area had better or worse health benefits than those living in a more deprived area. Living in a deprived area counteracts any benefits of socio-economic congruity (living with people of a similar socio-economic status as you). However, this can be mitigated by 'socially' congruous communities which are harmonious with strong community ties and support.[12]

10 Buck, David; Jabba, Joni; Tackling poverty: Making more of the NHS in England, The King's Fund

11 Fone, D.et al, 2014. Effect of neighbourhood deprivation and social cohesion on mental health inequality: a multilevel population-based longitudinal study

12 Albor, C., Uphoff, E.P., Stafford, M., Ballas, D., Wilkinson, R.G., Pickett, K.E., 2014 The effects of socioeconomic incongruity in the neighbourhood on social support, self-esteem and mental health in England

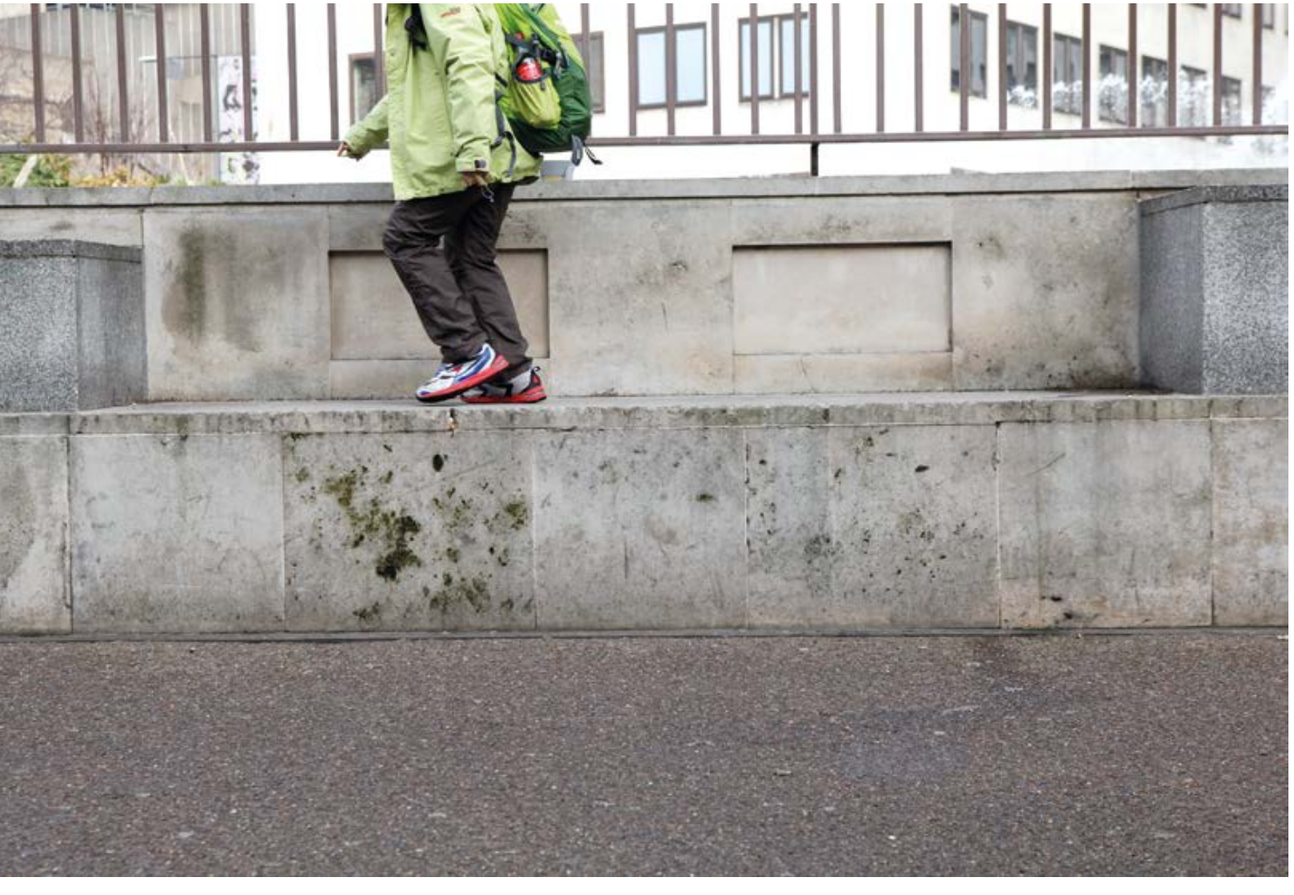
## Supporting literature

‘Children growing up in socioeconomically disadvantaged neighbourhoods face greater direct physical challenges to health status and health-promoting behaviours; they also often experience emotional and psychological stressors, such as family conflict and instability arising from chronically inadequate resources.’

– The Social Determinants of Health: It’s Time to Consider the Causes of the Causes (Braveman, P., Gottlieb, L., 2014)

‘On the whole, the literature points to relatively small effects of area characteristics in comparison with the larger effects of individual socioeconomic position.’

– Neighbourhood deprivation and health: does it affect us all equally? (Stafford, M., Marmot, M., 2003)





# Deprivation and health: spotlight on Southwark and Lambeth

‘There is a stark contrast between very high/very low income in the same area. People see a rich world and feel they are not a part of it, that they are locked in this world and there’s no way of getting out of it. That can produce a lethargy.’

**Community service provider**

Southwark and Lambeth have areas of deprivation and of extreme wealth. We know from our literature review that deprivation plays the strongest role in relation to health. When this is added to the urban and diverse lens, the cumulative impact of the three on health starts to become apparent.

‘Deprivation is the biggest driver but it doesn’t have to be underlying in itself. I see patients who are well off and making the wrong health choices still. It might be housing, education, money but it could equally be their diminished social network, or lack of resources to manage their mental health.’

**GP**

# Comparing Southwark and Lambeth to other urban and deprived areas

## Deprivation

Lambeth and Southwark rank 22nd and 23rd on the Index of Multiple Deprivation 2015, above Nottingham (10), Leicester (14) and Haringey (21).

## Inequality

Across both boroughs, there is a higher equality gap between men than women, which are both higher in Southwark than Lambeth, and similar to urban, diverse and deprived neighbours.

## Unemployment

The unemployment rate is 6.9% in both boroughs which is similar to their urban, diverse and deprived neighbours but higher than the England average.

## Low income

The proportion of children from low income families is high in both boroughs and similar across urban, diverse and deprived neighbours.

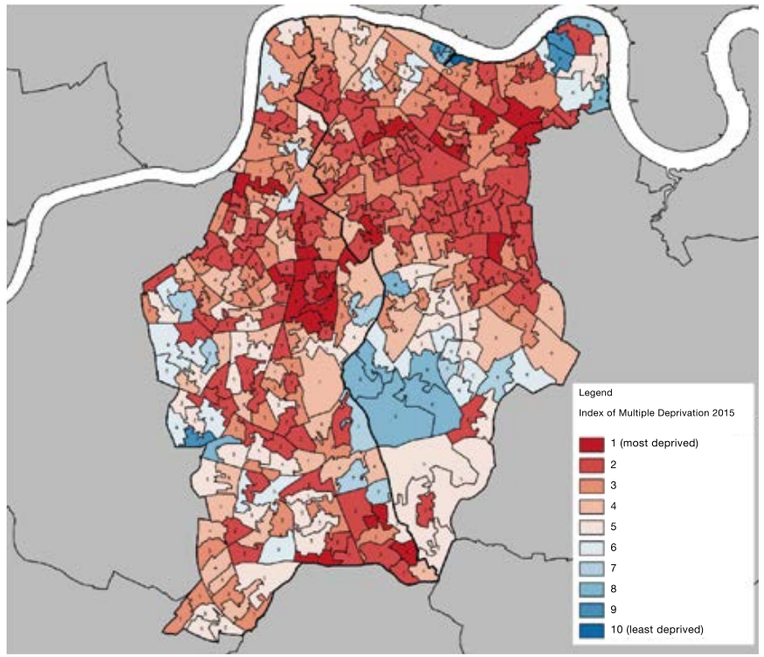
## Educational attainment

Southwark has much better school readiness figures (the percentage of children achieving a good level of development at the end of reception), than Lambeth which is worse than the England average and similar to other urban, diverse and deprived areas.



## Index of Multiple Deprivation 2015

Lambeth and Southwark




Note small areas are defined as Lower Super Output Areas which are small areas geographies built for statistical reporting in England and Wales

Each small area in the UK can be assigned to a deprivation decile from 1 (red = most deprived) to 10 (blue = least deprived)

### Lambeth

13/178 areas fall into the most deprived decile

55% of areas are in the 3 most deprived deciles

### Southwark

8/166 areas fall into the most deprived decile

64% of areas are in the 3 most deprived deciles

Source: www.gov.uk

# The lived experience of health in Lambeth and Southwark as an urban and deprived area

Insight

## Whilst social networks, individual resilience and mental wellbeing play a part in protecting health, living in a deprived area can still be detrimental to health

Living in an urban and deprived area within Lambeth and Southwark creates conditions that may have a negative impact on people's health. Cramped, overcrowded housing is influencing people's eating choices whilst crime on the streets and lack of outdoor space/affordable facilities mean that people are less likely to exercise. Air pollution, whilst not being something the people we spoke were aware of, is increasing premature deaths.



'I know numerous families who are living in cramped conditions in small flats. There is no space for a table so everyone grazes and is overweight. There's a lack of recreational facilities for the amount of people so there's not enough to do. The streets are also pretty scary – you wouldn't want to go out for a walk.'

**Community connector**

'The air quality is worse in most deprived areas; they have the major roads going through them and so the rent is cheaper. On the Old Kent Road, we are seeing an increase in premature deaths from strokes. However, if you recommend people in a deprived area walk along a parallel quieter road, they are additional challenges that it feels unsafe or it is not well lit.'

**Professor of Public Health**

### Local role models

'There was no-one that was doing anything good in our area – everyone was on benefits. Maybe if we had better examples of people or a mentor showing us what to do…'

**Trevor, 42**

Deprived areas are categorised as low income with less people in employment and with higher crime rates. Trevor attributes his criminal activity and drug addiction to a lack of guidance and visible role models in the local area, at a young age.

After going to prison for the first time age 16, Trevor came out and went back to thieving and drugs. He said he 'thought it was the best way to go' and was back in prison six months later.

'There is a high level of anxiety about gang activity. It's not so much a black issue. It's a geographic, deprivation and housing estate issue.'

**Chief Executive, local health charity**

## Cycle of poverty

‘Your background decides your health, housing, how long you live and the opportunities you get. The upper class can plan for three generations, the working class can’t plan for three days.’

**Teresa, 45**

Privilege is an important factor to Teresa. For her, privilege and class play strong roles in deprivation She is currently trying to improve her children’s prospects by taking them to extra maths/english classes and museums because ‘that’s what middle class people do’. She self-defines as a ‘single mum’, and is deeply committed to providing opportunity so that her two kids can ‘break the cycle of poverty.

‘It’s about changing intergenerational patterns. Once you change it, it will change forever, but until changed it will repeat. If you can work with the teenage mum who had a teenage mum, give her a love of learning. If you can say – you can get a job as a scientist, as a TV producer, that will be the magnet that pulls her through.’

**Community connector**



Insight

# The city is expensive and pressure to survive can be a strain on people’s health when managing on a small income

‘There are a lot of families in work that are just about coping. A growing number in employment are coming to the foodbank and debt advice. There is a growing number of people in work and not managing – if you are paid a minimum wage it’s tough to survive.’

**Community service provider**

## Health condition dictating employment choices

‘[If] there’s not a benefits system in place, I don’t know what I would do.’

**Isobel, 28**

Isobel’s long-term condition has dictated much of what she can or cannot do for work. She feels she has often been discriminated against because of her condition (employers don’t want to hire her), but living in an urban area means there are lots of part-time, small or cash-in-hand jobs that she can manage to keep her independent. Isobel’s key priority is to manage her condition to ensure that it doesn’t get any worse – this is so she can keep working and maintain her lifestyle.

## Pressure of surviving in the city can impact on mental health

‘They were threatening to evict me until last Tuesday, because of the arrears. It can make you feel helpless.’

**Teresa, 45**

Teresa is in a stressful position with her current job that is putting her in debt and putting strain on her already fragile mental state. She used to have a job with a London council and believes that her mental health condition was part of the reason she lost her job. She is currently working as a café manager on a zero hours contract and has only just got out of debt.

‘After I missed an interview at the Job Centre I got sanctioned. They suggested I apply for a hardship grant and a food bank. I don’t go to the food bank. With all the hardship in my life I’ve always been a fighter, I never went back to the Job Centre after that.’



## Physical health suffering due to employment opportunities available

Carlos’s physical health has suffered because of the nature of the work he had accept when moving over here from Portugal.

‘When I first moved to London it was really difficult. I was working nights and couldn’t speak the language so there was a lot of pressure. I had really disturbed sleep in the day because of it all.’

**Carlos, 51**

Carlos worked nights for four years and he found it extremely tiring and stressful to try and maintain a normal life and look after his family while he was working. In 2007 he started to feel ill and extremely tired. He asked his work if he could switch to day shifts and they told him he could only do this with a doctor’s note. In 2008 he left work as his health was too bad.

Insight

# If you are struggling to make ends meet on a low income, there isn't the headspace or time available to consider exercise and diet

'If you are worried about where the source of food is coming, paying the rent – you are not mentally in the space where my patients can take on the advice I recommend.'
**GP**

Choosing a healthier lifestyle can be harder on limited means. Less time and resource, physically demanding jobs at unsociable hours and no money for childcare, meant the people we spoke to were not always able to focus on exercising and eating healthily even if there was a desire to.



## Lack of time and resource to exercise

'When you're renting, you're working all the time and you've got no money. I just sit in all day watching TV programmes with the baby.'

**Tessy, 34**

Tessy and her husband are working to make ends meet, and as such have no money for childcare so she can exercise. Her middle child only eats chocolate cereal, and although Tessy tries to get her to eat noodles for lunch, she refuses and Tessy gives up because she is too busy. Although she gets out every day to do her daily walk, she is stuck in doors a lot of the day.

Tessy has tried to be healthier by cooking more healthily. She cooks her meat in the oven rather than frying it. She also does sit-ups but she finds it hard to stay motivated.

## No time for family let alone finding time for being healthy

'I used to do my night shift, wait for the trains to start up again in the morning, travel home then wake my kids up and take them to school. When that was done I would finally go to bed, then wake up and do the same again.'

**Carlos, 51**

Working nights as a cleaner meant that there was hardly any time for Carlos to spend with his children or focus on his health. The impact of this was apparent when he had to leave his job, and he has now not worked for nine years.

Insight

# Lack of autonomy over where you live or having to move often means it can be hard to build a strong support network



‘When I left Brixton, when my home was demolished, my network of friends was completely destroyed. I can’t call on my neighbour now to pick up my kids from school if I can’t get away from the café.’

**Teresa, 45**

Teresa is a strong believer in the power of social networks and how they can help you access things (eg services, information, aspirations) that you want and need. In Brixton, she had strong connections and felt part of a community, however this is not the case in Kennington. Even though she’s not that far in Kennington because she’s not in Brixton every day now, it’s easy for her to lose touch with a community who have busy London lives.

‘I just move on,
it’s the way it is.’

**Tessy, 34’**

Since arriving to London six years ago, Tessy has had to move six times through different private rented sector accommodation before finally securing social housing in Lambeth. She finds moving stressful as she has to make new friends and remember people’s names. After six months she is only just making friends with the parents at her daughter’s new school. Although she continues to travel back to her Jehovah’s Witness meetings, her other support is cut off. Her attitude is fairly nonchalant; she just accepts that it is the way things are.

## Building up a resilient network of support

‘I have spent a lot of time building up strong relationship with friends.’

**Isobel, 28**

Isobel has a strong network of friends who live all over London (as well as outside) and are understanding of her condition. Urban environment and diversity (having friends who empathise with her condition) provides her with the opportunity of managing her health condition.

‘I’ve had to learn to turn around on a sixpence.’

**Kim, 62**

Kim is very resourceful when it comes to finding and getting the best support for herself and her family. Her strong support networks and broad mix of friends help her to navigate to what she needs and maintain the best health for her and her husband, as well as her wider support network.

‘I keep it up to help people. I will find ways around the system to help people.’



# Implications for health and wellbeing

The analysis of data, literature and conversations points to a series of distinct implications for health and wellbeing in urban and deprived areas.

| | Assets | Risks |
|---|---|---|
| Urban | Access and close proximity to health services if you know how to navigate the system, access to opportunities outside the health system which support health (e.g. employment, health)<br>People making good use of green spaces | Fast paced way of life<br>Noise and air pollution<br>Access to unhealthy behaviours and eating choices<br>Transient nature leading to isolation<br>Crime and safety issues<br>Lack of green space |
| Deprived | Aspiration<br>Resilience and support networks | Unhealthy settings (housing, air pollution)<br>Lack of aspiration<br>Expensive to live meaning health is de-prioritised over employment and there is not enough ‘headspace’<br>Lack of autonomy |

### Fresh insight

- People do not always prioritise their health, often thinking foremost about earning money to sustain their lives and those of their families and not having the resources or headspace to think about health.

### Opportunities

- How can we help people to become more aware about their health and better able to prioritise it?
- How can we provide people with headspace to think about their health around their busy lives?
- How can we build people’s resilience so they can make best use of the assets of urban and diverse settings?

‘I will find ways around the system to help people.’





# Kim, 62

**Lives: Southwark**
**Borough: Southwark**
**Profession: Full time carer**
**Income: Low**
**Birth country: United Kingdom**

- Mary has been a carer for her husband since 1996 when he injured his leg
- Both are retired and get a small pension
- They live in a rent free almshouse and have two children (one of which has a learning disability), neither live with them now
- She is very proactive and outspoken

### Kim’s view on health

Health is a top priority for both Kim and her husband and has been that way for the last 20 years. They both have health issues which limit their ability to walk far and get around easily. Kim’s husband has an extremely painful leg injury and she has a knee and hip injury. While the pair do make advanced plans, her husband’s health often impacts on this and Kim has ‘had to learn to turn around on a sixpence’ to accommodate his health issues.

### Health issues impacting on mental wellbeing

Despite their health issues and the problems they’ve faced over the years because of them the family are very positive.  They often talk about ‘what we can do to be happy – you’ve got to be adaptive, and faith helps.’

Between 1997 – 1999 life was particularly tough for the family: while caring for her husband, Kim was doing temp night shifts and ‘life was difficult then.’  During that time she realized that her husband needed something to do after his accident as he couldn’t work, so they applied to look after children with special needs, something they loved doing.

### Navigating health services and local assets

The couple recently moved from Peckham to Southwark and are really happy to be living here. Kim knows her area very well from when she worked as a nurse. She knows how to navigate her way around and have fun despite their minimal income. They love the variety and closeness of the local culture, architecture and shops and find local businesses are very accommodating to her and her husband’s health issues (e.g. letting them bring cushions into the cinema). However they dislike the busy roads and dust from building sites and find the cycle superhighway dangerous.

### Faith creating supportive networks

Kim and her husband have a strong faith and have strong networks within and outside of their church. She has a diverse network of friends from many different backgrounds, countries and ages and, while she seems to support many of them more than they support her, she does have a few who she can call on for help.

### Ability to use resources to get the care needed

Kim is extremely resourceful. She got her children into a Westminster school by writing a letter to the headmaster, and managed to get a top specialist doctor to see her. For Kim it’s important to get the best care, especially in health ‘If I want the best, I will find it.’

‘I’m very busy with the kids – it’s hard to keep a healthy lifestyle.’





# Tessy, 34

**Lives: Lower Marsh**
**Borough: Southwark**
**Profession: Retail assistant**
**Income: Low**
**Birth country: Nigeria**

- Tessy is originally from Nigeria
- She moved to the UK in 2010 and for the first six years moved around various private rented sector flats
- She finally got a council flat in Lambeth where she lives with her husband and three children

### Tessy’s view on health

For Tessy, weight and losing her baby belly is a key part of her health today. She wants to be thinner as she would feel more lively and more active. She has tried to do this by cooking more healthily. She has a fridge full of fruit, bought a smoothie maker and cooks her meat in the oven rather than frying it. She also does sit-ups but finds it hard to stay motivated. ‘I’d like to go to the gym but the local gyms I can afford don’t accept babies.’ She became aware of healthy eating through TV programmes and films.

### Lack of resources and time to focus on exercise and social activity

Tessy and her husband are focused on working to make ends meet. ‘When you’re renting, you’re working and you’ve got no money. I just sit in all day watching TV programmes with the baby.’ He works very hard, but even on his days off does not look after the kids. She has no time to herself and her life revolves around her kids. Tessy tries to get her children to eat healthy food, but gives up when they refuse because she is too busy. She wants to go on a night out with her husband, but he says ‘it will come when we’re older.’

### Faith supporting mental health

Tessy tries to de-stress by going to Jehovah’s Witness meetings and by putting up pictures of forests and beaches in her house, which are calm compared to the stress of the street. Her meetings are her strongest community connection and a safe space which make life easier. ‘When you have an issue [with not getting social housing], you keep praying, but understand that if you don’t, then it has gone to someone else who needed it more’. Her faith also helps her make sense of the sacrifices she makes for her kids.

### Connecting with her local area

Tessy walks round her local area every day after dropping the kids at school. She loves to feel the breeze on her face. She doesn’t really pay attention to what’s on around her. She gets all her information about what’s on from the local school leaflet and the Oasis community hub. She leaves the area once or twice a year to go on a family outing to Oxford Street.

### Losing connections due to transience

She has moved around a lot. After arriving in the UK in 2010, she has moved five times around Southwark and Lambeth, firstly in private rented and now social housing. ‘Moving is stressful as you have to make new friends and remember people’s names.’ Her attitude is fairly nonchalant ‘I just move on, it’s the way it is…’

‘On my council estate there was a 50/50 chance a kid would grow up bad.’





# Trevor, 42

**Lives: Clapham Common**
**Borough: Lambeth**
**Profession: Unemployed**
**Income: Low**
**Birth country: United Kingdom**

- Trevor has lived in Lambeth most of his life; growing up on a Brixton Hill estate and moved to Clapham with his father at 27
- He has been in and out of prison since his teens
- He is a recovering crack and heroin addict, and has been sober for two months

### Trevor’s view on health

Trevor describes health as mental and physical and sees a distinct separation between the two. He considers himself a positive person, but recognises that his life and situation (such as housing, job and friend issues) has an impact on his overall health. He would be happy to talk to someone if he experienced mental health issues and knows ‘If you feel like you got problems... there are services to help’. If he had any issues with his health generally, he would go to his father first as he thinks ‘he would have the knowledge.’

### Keeping healthy

He smokes around 20 cigarettes a day and cannabis. He doesn’t view his cannabis use as a problem because it helps him to relax. Trevor was physically active whilst in prison, but has stopped now that he’s out. He likes boxing and would be interested in a boxing class in the local park however health isn’t a priority to him at the moment. ‘I feel my health is alright.’ He is much more concerned about getting a job or sorting out his housing situation.

### Reduced networks due to addiction

Trevor’s commitment to become sober and stay out of prison has meant he has had to cut ties with most of his friends. His main connections are his dad, sisters, probation officer and a neighbour. He has an understanding of how to make social connections but it is not a priority. ‘If I was putting in more effort, I would go to the gym, to a club, the park to meet people.’

### Employment opportunities linked to recovery

Trevor’s main priority is getting a job. It causes him stress and frustration as it is out of his control. He wants to move on with his life but feels in limbo. Because of his background he doesn’t have much work experience.  He is currently on a three month bricklaying college course which he found out through his probation officer. This is something that has contributed a lot to Trevor’s current happiness. He enjoys it because it was his choice and it is a hands-on skill, not a desk-based job.

### Health services

Trevor is registered with his local GP and feels comfortable using health services. He doesn’t mind that they are aware of his past and current situation. He is careful about blaming services for him not progressing or accusing them of discrimination. ‘I don’t wanna blame anyone, it’s my fault for my position.’

### Local area

Having grown up in Lambeth, Trevor feels comfortable navigating the area. Lambeth is where his family and main connections are based so he rarely leaves unless to attend college in Morden. He visits the local library to use the internet and read books for his course. Although he is happy in Lambeth, he doesn’t mind having to move for housing or travel for a job.

# Chapter 5

# Urban, diverse, deprived. The cumulative effect on health

## Health within urban, diverse and deprived areas is a complex web of assets and risk factors.

Living in an urban area can affect your health. Assets include access to many health services and opportunities outside the health service (e.g. employment opportunities, social activities) for people to manage their health. Risk factors include the busy and transient nature of the city which can be stressful and isolating, the many unhealthy lifestyle opportunities, safety, noise and air pollution.

Layering on diversity means on the one hand people might have access to strong communities, including faith groups, who can provide informal networks and support. However, it also creates a set of different needs which are not always met, or positioned or communicated in a way which achieves high take-up of support services. This is compounded by language barriers. People from different countries have different cultures and assumptions which might different from UK-based health systems and can lead to self-reliance. This in some cases can be positive if it is preventative, but equally problematic if it is based on incorrect information and/or ineffective treatment and can thus lead to more advanced (and more expensive) health problems later. Being from a diverse community seems to have a bigger impact on health than simply living in a diverse area.

Layering on deprivation provides another set of assets and risk factors. On top of unhealthy settings (poor quality housing, high air pollution), the city is an expensive place. This means that people are often too busy trying to make ends meet to prioritise health. They do not have the time (headspace) or money to actively manage it. A lack of autonomy over where people live can impact on aspiration to manage their health, and might mean losing important social networks. However, deprivation does not automatically equate to ill health.

People from deprived background who manage their health well display strong forms of resilience, often meaning they can take up the assets of diverse and urban settings. This would suggest that being individually deprived does not immediately mean a negative impact on your health, however it is a bigger risk factor than simply living in a deprived area.

‘Sometimes parents are having to wash outside in the cold with a hose as the shower isn’t working. They are not registering when they are ill because of stigma, immigration status. These things happen in built environments, where there’s a lot of people. People can just disappear – you would never know that this is happening.’

**Community service provider**

‘The children obesity levels [in Southwark] are the highest in the country and the number one reason that children go into hospital for teeth extraction. The reasons are cumulative; illiteracy, poverty and a highly sugared/high salt diet.’

**Healthcare decision-maker**



# The cumulative impact of these assets and risk factors is equally complex and depends on the individual.

These can interact with each other in complex ways, amplifying each other sometimes, cancelling each other out other times. For example, urban assets of increased access to services can be cancelled out by language barriers to knowing that they exist. This could be mitigated by community groups providing informal support, which is good where this provides health advice that is preventative, but problematic where it is based on more passive health management cultures. Informal networks can be jeopardised through transience and a lack of autonomy that urban and deprived areas experience.

We wanted to return to three of our stories to show the different nature of these complex interactions:

For Carlos, living in a city has provided employment opportunities for himself and his wife. However, his limited understanding of English has dictated the type of work he was able to accept as a cleaner and meant it has been harder to meet people in his local community. The many years of night shifts has taken a toll on his health effectively meaning he has not been able to work for the past eight years. With the recent cancer diagnosis, he and his wife have little idea of what support is available due to the language barrier and awareness of the British health system. In this instance, living in an urban environment has provided positive opportunities but being from a diverse community and on a limited income, has impacted seriously on Carlos’s health.

For Isobel, the urban setting has provided the means in which to positively manage her long-term condition. Urban infrastructure such as regular and cheap transport and close proximity to social activities means that Isobel is able to live a good quality of life on a relatively small income. The cultivation of social networks developed over a period of time means that there is a strong support network if it is needed. The importance of transport means that safety has been de-prioritised over managing health. The crime and pollution of the dense and diverse environment of Brixton is mitigated for Isobel by the fact that it provides independence and the possibility to live a full and fairly active life in London.

Kim and her husband are an example of thriving in the city even when living with limited financial resources. The ability of Kim to navigate the intricacies of an urban health system coupled with a strong awareness and knowledge of local community resources available means that she and her husband benefit from good health support within the system and in the local area. Her faith

groups have provided her with the connectivity and strong network of support to call on when needed, and she is actively helping others to be supported as well. For Kim, these strong community ties and agency provide assets against living in an urban, deprived and diverse area.

> ‘Demographic identity and health boxes are limiting. When we work with people, we work across multiple demographics and conditions. The issues we continue to confront here include women who are parents, living with HIV, very often living in poverty, no public funds, facing the criminal system. It’s impossible to separate any one strand; it’s about approaching them as a person across stigmas, demographics and conditions.’
>
> **Community service provider**



# Implications for health and wellbeing

The analysis of data, literature and conversations points to a series of distinct implications for health and wellbeing in urban, diverse and deprived areas.

| | Assets | Risk |
|---|---|---|
| Urban | Access and close proximity to health services if you know how to navigate the system, access to opportunities outside the health system which support health (e.g. employment, health)<br>tPeople making good use of green spaces | Fast paced way of life<br>Noise and air pollution<br>Access to unhealthy behaviours and eating choices<br>Transient nature leading to isolation<br>Crime and safety issues<br>Lack of green space |
| Diverse | Faith<br>Informal support networks outside the health system<br>Strong communities | Different needs which are not properly met/framed/connected with<br>Different health assumptions/ cultures<br>Language barriers |
| Deprived | Aspiration<br>Resilience and support networks | Unhealthy settings (housing, air pollution)<br>Lack of aspiration<br>Expensive to live meaning health is de-prioritised over employment and there is not enough ‘headspace’<br>Lack of autonomy |

# Implications for those interested in health

**Within urban, diverse and deprived areas, health is complex and individualised and solutions may sit outside the formal health sector.**

The way people experience health is as much determined by wider social factors as it is by 'medical' ones. People feel stressed by the 'busyness' of city life but can seek respite in good quality green or quiet spaces (from a park to a bus stop). People's eating choices are determined by what is around them on the high street, and information is accessed through schools and libraries. These cultural and faith groups can influence their approach to managing health.

Therefore, we should learn from organisations looking beyond themselves to wider partners (for example in housing, planning, education and community) to improve local area health.

> 'There's a multitude of factors that leads to ill-health. That's what's so challenging about it, and why a health issue like childhood obesity is a complex web of employment, aspiration and cultural factors.'
>
> **Community connector**

**Seeing the provision of health services through these assets and risk factors means that while there are challenges, there are also opportunities and assets in local communities to draw on.**

Providing health services in an urban, diverse and deprived area poses particular challenges. An urban setting means that health services need to be provided at scale to a transient and ever changing population. There needs to be a frequent reassessment of need, and adapting to new health challenges. A diverse area means providing services to a population who might not speak English, might prefer informal support and come to you when it is too late. And a deprived population will tend to need services the most, and have fewer resources to get private support.

On the other hand, health services will tend to be (geographically at least) easily accessible to people. Diverse areas with strong communities provide informal support to help people manage their health, or act as important connectors between communities and the formal health sector. And people living in deprived areas often display high levels of resilience.



**We should learn from community groups (and the organisations they are working with) to understand how they can to act as 'contextualisers', connectors, and translators between communities and formal health services.**

We have described how health services need to better tailor and make their services accessible for a diverse, transient groups of people who need healthcare support. This is resource intensive and they need support to do so. Community groups can act as important go-betweens, helping formal health services to better understand the needs and cultural health practices of different groups, link up residents with health services, and provide social, physical or volunteering activities that can positive people's physical and mental health, wellbeing and resilience.

**Individually, we need to support people to build their resilience so they make best use of the assets an urban and diverse place provides.**

What is clear from our research, those that thrive in urban, diverse and deprived areas display forms of resilience meaning that they can navigate the system, or they have strong support networks, or a positive mindset that helps them to actively manage their health.

There is a fast-growing amount of literature around individual and community based resilience. Our research has seen resilience demonstrated in a number of different ways:

- Nouse: the knowledge of how to navigate services and cut through bureaucracy
- Aspiration: the mindset to actively improve the life of yourself and your children (which even if not related to health, has a positive impact on it)
- Confidence: the feeling of being able to demand access to services, seek out support or activities in unfamiliar settings
- Networks: the quantity and quality of social relationships which can have a positive impact on your health in themselves, but also can help you access other opportunities
- Support: belonging to part of a group or network that you can call on to provide emotional support and/or access to opportunities [might be same as networks]
- Employment and economic resilience: sufficient finances for you to prioritise your health and have control over your life and aspirations
- Mindset and inner resources: A mindset of coping positively with set-backs, which can come from a faith belief and/or inner strength

Resilience building is another example of where community or place-based groups can play a key role.

> ‘Health is only one tiny aspect and we have to be working together because the solution is so complex. The opportunity [Guy’s and St Thomas’ Charity] has is to really engage and empower the local community, but you have to work with them from the outset to create the inspiration and aspiration to do something. The catalyst for change is not about finance it’s about inspiration and leadership.’
>
> **Local community influencer**

# Building on these findings

This research points towards the benefits of a multidisciplinary, community and resilience-building approach to tackling the major health issues facing our communities. We know the interconnected nature of urban environment, diversity and deprivation is complex, with no clear linear cause and effect. But what if we could find a way to unlock the potential of assets and to minimise risk to have a truly significant impact on people's health?

On a practical level, how can we:

- Support people to become aware of, and make best use of, the assets that are close by to them in urban settings?
- Continue to make good use of green spaces and create other quiet areas of respite?
- Make people more aware of the damages of air pollution and take healthier walking routes?
- Support services to better understand the different needs of different groups, and how best to position the health services they provide?
- Support services to understand different cultural assumptions and practices of different ethnic groups?
- Help services to reach out into communities and help communities to become aware of and navigate services?
- Help people to become more aware about their health and make it relevant to other priorities in their life?
- Provide people with headspace to think about their health around their busy lives?
- Build people's resilience so they can make best use of the assets of urban and diverse communities?

To achieve this, we believe there are important considerations for those interested in improving health at a systemic, organisational and individual level:

- Systemic. Within urban, diverse and deprived areas, health is complex. We need to learn from those health actors who are looking beyond themselves to wider partners (for example around housing, planning and education) to improve local area health.
- Organisational. Within urban, diverse and deprived areas, health services are unevenly accessed. We can learn from community groups (and the organisations they are working with) to understand how they can act as 'contextualisers', connectors and translators between communities and formal health services.
- Individual. Within urban, diverse and deprived areas, health is especially dependent on the individuals. We need to learn from those supporting people to build their resilience so they can make best use of the assets an urban and diverse place provides.

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Portrait of Eddie by Jenny Lewis

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